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ABSTRACT

The document contains the final report of a model project to provide a therapeutically based educational program for severely handicapped, orthopedically impaired children (6 to 21 years old) utilizing the skills of teachers, aides, therapists, and a nurse to provide individualized hands on services. Section I contains an overview of the formulation and operation of the model program, including: introduction; program services; curriculum design; related services; parent involvement and training; staff composition and training; dissemination; evaluation of project activities; agency coordination; physical space; and appendixes (an instructional materials list, selected publications list, and letters). Section II consists of a manual of forms developed or adapted by the project which are useful in due process procedures of P.L. 94-142, the Education for All Handicapped Children Act. A third and final section reviews the goals, objectives, and activities for the 3 year contract period. The recapituation of each year's objectives and activities is reflected in the annual report for that particular year. Also given is a third party evaluation report for each funding period. (SBH)

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SCHOOL AGE MULTIHANDICAPPED PROJECT

CAPITAL AREA REHABILITATION CENTER
919 W. 28 1/2 STREET
AUSTIN, TEXAS 78705

CONTRACT NUMBER 300-77-0248

1977 - 1980
FINAL REPORT

JOYE A. SCHEFFLER, PROJECT DIRECTOR

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INTRODUCTION

This document covers a three year period from July of 1977 through July of 1980.

As in any final report, it attempts to summarize the activities over the entire funded period. The reader should be aware that much of the material alluded to in this report has been dealt with in detail in earlier reports.

This report is divided into three major parts. Section I is an overview of the formulation and operation of the model program, School Age Multihandicapped Program Guide, including (1) introduction, (2) program services, (3) curriculum design, (4) related services, (5) parent involvement and training, (6) staff composition and training, (7) dissemination, (8) evaluation of project activities, (9) agency coordination, (10) physical space and (11) appendices.

Section II contains a manual of forms developed or adapted by the project useful in due process procedures of P.L. 94-142. This manual, Identification, Assessment and Placement Forms and Procedures to Assure Compliance with P.L. 94-142 and P.L. 93-112, Section 504, has been reviewed by the Texas Education Agency and many of the forms have been adopted and/or modified for use by local school districts within the region.

INTRODUCTION (Con't)

Section III is an overview of the goals, objectives and activities for the three year period of the contract. The recapitulation of each years' objectives and activities is reflected in the annual report for that particular year. This section also contains a third party evaluation report for each funding period. The 1979-1980 evaluation report may be of particular interest to the reader since it deals with evaluation data from student progress. These data were collected during pre, mid-year and post-year testing and are reflected in the accompanying charts. The 1979-1980 planned evaluation of the project was designed to answer the questions: (1) Have the handicapped children improved their deficiencies in the areas of academic subjects, language, personal and social relations and motor functioning? (2) Can the project staff develop a manual of forms that will be useful in due process procedures of P.L. 94-142? and (3) Do parents of children in the program respond positively to the program? The evaluation design for the instructional program was the pre-post design. The evaluation plan for the other activities was the use of action research to provide formative evaluation information.

INTRODUCTION (Con't)

The project staff should also be interested in the question: What impact has the project had on services for severely handicapped children within the target area? Although this question was not formally stated in the evaluation design, it was a matter of interest and concern to the staff and is addressed in this report under Agency Cooperation and Coordination.

The School Age Multihandicapped Project has been validated by the Statewide Steering Committee for Demonstration Programs for School Improvement (DPSI), a component of the Texas Diffusion Network as an exemplary program and will serve as a demonstration site through June 1, 1981. See Appendix C.

SECTION I

SCHOOL AGE MULTIHANDICAPPED PROJECT PROGRAM GUIDE

PREFACE

In the Summer of 1977, Capital Area Rehabilitation Center, a private non-profit agency located in Austin, Texas, was given the opportunity to develop a model program serving severely handicapped, orthopedically impaired children ages 6 to 21 years. This project is one of five programs funded by the BEH to serve this population and is the only one in Texas. The concept for the School Age Multihandicapped Project is in harmony with the Texas Education Agency's philosophy of providing full services to all handicapped children in the state. This program has established continuity of services for the handicapped, provided information from which future educational programs may be formulated and has provided early intervention strategies which will have far reaching effects on education of the handicapped. To our knowledge it is the only classroom in a 10-county region populated by 446,602 persons which provides a therapeutically based educational program specifically for severely handicapped, orthopedically impaired children utilizing the skills of teachers, aides, therapists, and a nurse to provide individualized hands-on services based on each child's unique needs.

CHAPTER I

INTRODUCTION

BACKGROUND

The School Age Multihandicapped Project is located in Austin, Texas and serves children who reside in a ten county area surrounding Austin. The area covers 12,545 square miles and includes Travis, Hays, Blanco, Bastrop, Caldwell, Williamson, Llano, Burnet, Lee and Fayette counties. School districts in these counties are served by Education Service Center Region XIII.

There are 140 elementary and 79 secondary schools in the ten county area. The population of this region was 446,602 in the 1970 census with Travis county having the largest population and Blanco county having the least population. The racial distribution among the ten counties averages approximately 68 percent Caucasian, 19 percent Hispanic and 13 percent Black.

Average income of the ten county community is estimated at $5,583 - $8,486 per annum and the average educational background is high school level. However, for the most part, families being served in the SAM Project live in the rural areas or in public housing and fall below both community norms as far as income and education are concerned.

There are no family services available, no child development center, nor are there any health specialists such as pediatricians, audiologists, orthopedists, or ENT specialist in the small rural communities.

Families are referred to Austin, Texas or to the nearest indigent care facility in Galveston, Texas. Because many of these families lack transportation or finances, they often go without medical services.

Brief Description of Project: The School Age Multihandicapped Project classrooms serve handicapped school age children who have multihandicaps, one of which must be an orthopedic impairment, ages 6 through 21 years. The classrooms are formulated on the principles of individualization of programs within the context of a comprehensive curriculum emphasizing self-help, motor development, language and communication, cognitive skills and functional living skills. Two model school age classrooms are located in the Capital Area Rehabilitation Center. Placement in the classrooms is based on the functioning level of each child. Each classroom serves eight (8) children with a teacher and two and on-half (2-1/2) aides. Each classroom utilizes volunteers and parents to assist in the instruction of the children.

Multihandicapped children in these classrooms include mentally retarded, cerebral palsied, speech handicapped, orthopedically handicapped, other health impaired, visually impaired and emotionally disturbed. One of the purposes of the classrooms is to demonstrate the feasibility of non-categorical education of the handicapped children.

Curriculum Overview: The curriculum utilized in the model is based upon the principles of developmentally sequenced materials and a task analysis of the skills to be learned. Curricula utilized in the Academic Class includes:

BCP
System 80, Peabody (language)
Harcourt Brace Reading Series

Rebus, Reading
MacMillan, Reading and Math
Scott Foresman, Reading, Spelling and Social Studies
Webster/McGraw Hill, Reading, Spelling; Social Studies

The Sensory Motor Class curriculum is totally developmentally based with strong input from the physical, occupational and speech therapists.

Program Area: Education for the Severely Handicapped/Orthopedically Impaired - Priorities for determining which skills will be taught to children are derived from pretest results of skills selected from the curriculum. The deficit skills are prioritized by the parent, educational staff and therapists. Priorities are based on the assumption that schooling for the handicapped must assist the child to function more effectively in society. Inadequate language and motor skills are the two most visible indicators of a handicapping condition. Therefore, to assist the child toward more normal functioning, concentration is focused on these indicators with the goal being to help the handicapped child use language and movement as much like normal children as possible. After the priorities are established, the child may be placed in one or more of the five (5) curricular areas: (1) self-help, (2) motor, (3) language and communication, (4) cognitive skills and (5) functional living skills.

Self-help skills include dressing, eating, toileting, and personal hygiene, plus more advanced stages of self care. The motor curriculum includes the entire range of basic motor movement from tone normalizations and trunk righting, to walking, running and jumping. Fine motor skills as well as recreational skills (e.g. swimming, throwing a ball and catching a ball) are also included. In addition, some standard physical education activities designed to improve strength and stamina comprise part of the program.

The language curriculum includes both expressive and receptive oral language. For some children, signing, fingerspelling and use of an individually designed language board are substituted for oral language instruction. The receptive oral language curriculum starts with the child attending to sounds and vocalizations. It progresses through sequences where the child responds to simple, then multiple commands, culminating in appropriate responses to abstract concepts.

The expressive oral language curriculum has sub-programs, the most advanced of which teaches a child to chain four word phrases. Since many of the children do not initially exhibit expressive language capabilities, this curriculum starts at the basic fundamentals of the child imitating gross movements and then pairing sounds with these movements. If the child demonstrates some initial expressive language capability, deficits in that ability are determined and sub-programs prescribed. During the course of a child's education, he might be working on two or more of these sub-programs at one time. For instance, he might be building vocabulary, chaining words together, and improving articulation. Higher level language curricula are available for children with more advanced skills. The cognitive area includes pre-reading, reading, writing, basic number concepts, and arithmetic skills all of which have been task analyzed and developmentally sequenced.

LOCATING AND IDENTIFYING CHILDREN

The project conducts an ongoing search to locate and identify severely handicapped, orthopedically impaired children ages six to twenty-one years in the community, utilizing project staff and community resources in co-operation with the school district's special education department and the regional Education Service Center Child Find staff.

LOCATION PROCESS

1. The project distributes brochures, and publishes information via radio, television, local newspapers, and the center newsletter regarding activities of the project and eligibility criteria.
2. A telephone liasion committee operatec between medical, welfare, health, and educational agencies, which refers children to the program.
3. Referrals are received from the Department of Human Resources, Austin-Travis County Health Department, private physicians, local education agencies and parents.
4. Public appearances before the regional Special Education Directors and before other local community groups and organizations aid in distributing information about the project and in securing referrals.

LOCATING AND IDENTIFYING CHILDREN

INDENTIFICATION PROCESS

Following the referral, an individual screening assessment is given with the Denver Developmental Screening Test, (DDST), to determine placement eligibility.

The occupational, speech or physical therapist or teacher administers the screening test assisted by the instructional aide when appropriate. This is done within two weeks of the referral.

Information from the DDST is analyzed. Children are selected for further evaluation when one or more of the following handicapping conditions is present:

Speech or Language Deficit
Physical Disability
Hearing Impairment
Mental Retardation
Visual Impairment
Emotional Distrubance
Developmental Delay

IN-TAKE PROCEDURE

See schematic drawing for the in-take steps from initial referral to completion of services (Exhibit 7) which are discussed below:

Referral

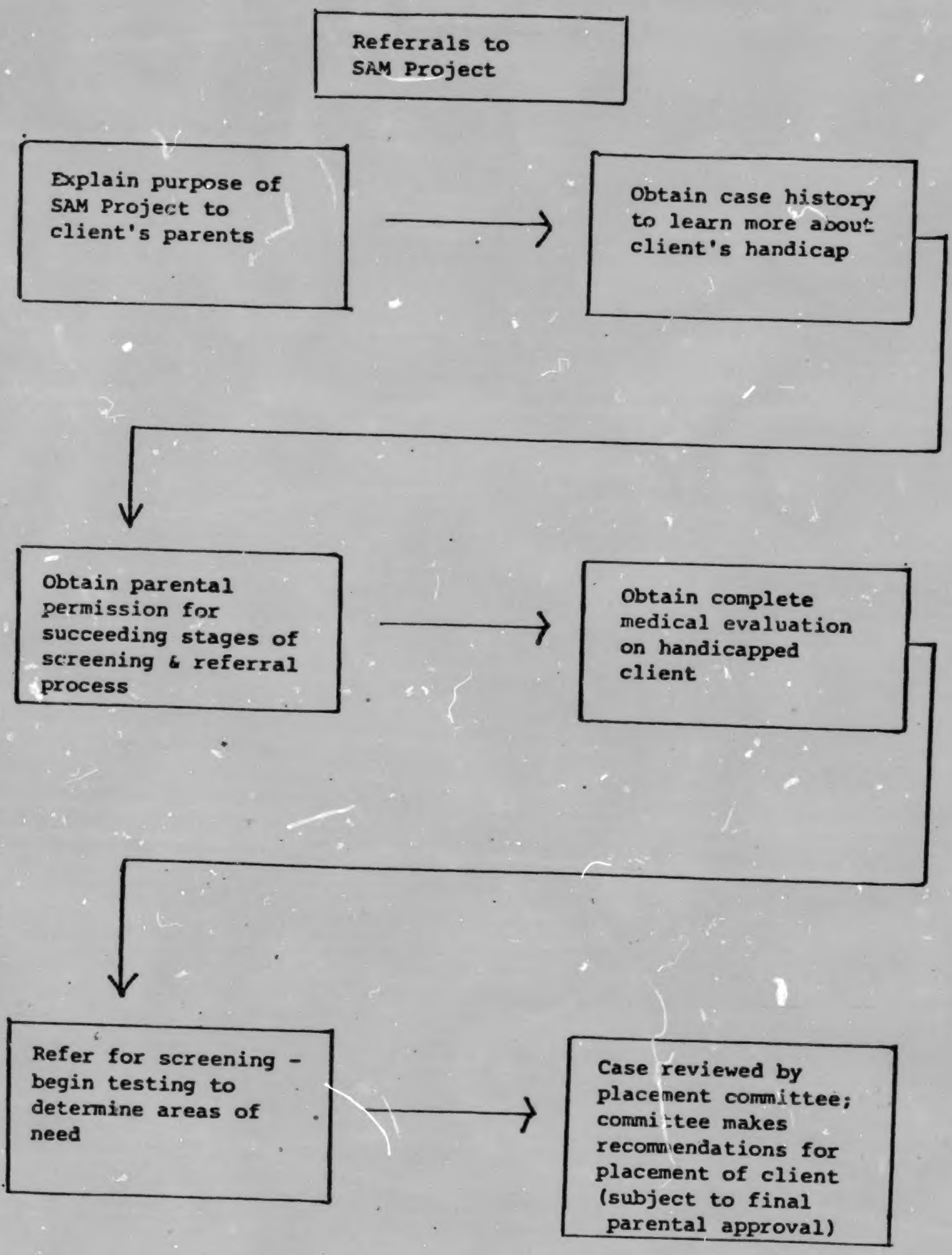
Referrals are accepted from any source, individual or agency and are processed by the Capital Area Rehabilitation Center social worker. Children served by the SAM Project are referred from a number of sources including parents, physicians, school districts, and other agencies. To qualify for the School Age Multihandicapped Program a child must be: (1) between the ages of 6 and 21 years old, (2) orthopedically impaired in addition to other handicaps, and (3) reside in Travis, Hays, Blanco, Bastrop, Caldwell, Williamson, Llano, Burnet, Lee or Fayette County. Although any eligible child may be referred, priority is given to those children who have not had a program available to them or who are presently in inappropriate programs.

When the referring agent is a local school district, the Project Director may request that the school complete the Independent School District Screening Report/Referral Form (SAM - 22)

If the original referral is made directly to the School Age Multihandicapped Project, the Center social services department ensures that the child's home school district is aware of the referral and encourages the parents to contact the special education director in their local school. Referrals from the local school districts to the SAM program are made when there is no program within the LEA which will meet the needs of the particular child and his family.

EXHIBIT 7

IN-TAKE PROCEDURE


Referrals to SAM Project
Explain purpose of SAM Project to client's parents
Obtain case history to learn more about client's handicap
Obtain parental permission for succeeding stages of screening & referral process
Obtain complete medical evaluation on handicapped client
Refer for screening - begin testing to determine areas of need
Case reviewed by placement committee; committee makes recommendations for placement of client (subject to final parental approval)

IN-TAKE PROCEDURE (Con't)

The following is an example of possible referral procedures:

1. Parent, guardian, or other referral source to LEA to SAM to community agencies.
2. Parent, guardian, or other referral source to SAM to LEA to community Agencies.
3. Parent, guardian, or other referral source to ESC to LEA to SAM.
4. Parent, guardian, or other referral source to community agency to SAM to LEA.
5. Parent, guardian, or other referral source to community agency to LEA to SAM.

Children referred for services follow an appraisal process which includes referral, screening, analysis of screening data and least restrictive alternatives, a comprehensive assessment by the multidisciplinary team, and development of an individual educational program (IEP) prior to implementation, monitoring and evaluation of participants' educational/training program. All identification and instructional activities are conducted following informed parent consent.

Center Visit

After the referral has been received, the social worker schedules an appointment for a Center visit. During the Center visit the program is explained in detail. A Medical Referral Form (SAM-27) and a Medical

~~IN~~-TAKE PROCEDURE (Con't)

Center Visit

Examination Form (SAM-26) is forwarded to the family physician for completion. When these completed forms have been returned to the social services department, the multidisciplinary evaluation team meets and schedules a date and time for the child to be evaluated by the occupational, speech and physical therapist and by the classroom teacher. Scheduling meetings are held Tuesday of each week. The parent is notified of the evaluation time and date either by letter or by telephone. At this time, a conference is scheduled with the parent to complete the following forms: (1) Client Medical Information Sheet and Emergency Medical Assistance Permission (SAM-5), (2) Social and Developmental History Form (SAM-51), (3) Consent for the Request and/or Release of Records/Information (SAM-9), (4) Permission for Therapeutic Services/Swimming Pool Release (SAM-41), (5) Parent/Guardian/ Client Permission for Transportation (SAM-36), (6) Picture Release for Medical Records/Publicity Purposes (SAM-44), (7) Authorization for Capital Area Rehabilitation Center to Release Information/Records (SAM-2), (8) Staff Observation Form (SAM-56), (9) Authorization to Consent to Medical Treatment of a Minor (CARC unnumbered form), (10) Consent by Parent/ Guardian or Managing Conservator to Therapeutic Treatment (CARC unnumbered form), and (11) Consent for Individual Study and/or Testing (SAM-8)

Evaluation

Evaluation appointments are scheduled on Monday and Tuesday of each week.

IN-TAKE PROCEDURE (Con't)

Evaluation

A comprehensive individual assessment and diagnosis to determine pupil eligibility for the program is based on one or a combination of one or more of the five following factors in addition to orthopedic handicaps: (1) intelligence factors, (2) educational functioning, (3) sociological variables, (4) medical and health factors, and (5) emotional and/or behavioral factors. Tests administered by the local education agencies to measure verbal-cognitive factors include Wechsler or Benet Intelligence Scale and the Peabody Picture Vocabulary Test.

Standardized tests such as the (1) Woodcock Reading Test, (2) Key Math Test, (3) AAMD Adaptive Behavior Scale, (4) Circus Test, and (5) the Boehm Test of Basic Concepts are administered to students participating in the project with academic deficiencies.

Students participating in the project with language deficiencies are rated on the (1) Peabody Picture Vocabulary Test, (2) Detroit Test of Language Aptitude, (3) language development section of the AAMD Adaptive Behavior Scale.

The various personal and social adjustment factors on the AAMD Adaptive Behavior Scale is used to measure personal and social adjustment.

Motor development is measured by the (1) AAMD Adaptive Behavior Scale, (2) Bayley Motor Scale, and (3) various parts of the Frostig test. In addition, gross screening of hearing and vision is done. A parent conference is then scheduled to discuss the evaluation.

IN-TAKE PROCEDURE (Con't)

Evaluation

The School Age Multihandicapped Project evaluation design for 1979-80 requires assessment of project participants in the fall, or at entry into the program, at midyear and at the end of the school term. Students participating in the program are expected to improve their academic skills, language skills, personal and social skills and motor skills. It is expected that (1) the mean posttest scores or ratings on standardized instruments will be significantly higher than the mean pretest scores and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved. The reader is referred to Section III of this report for a review of the evaluation data.

Post Evaluation Staffing

On the Tuesday following the evaluation, staffing is completed on all cases evaluated the previous Monday and Tuesday. A Post-Evaluation Staffing Report Form (CARC-unnumbered form), is completed by the multidisciplinary team listing recommendations for educational/therapeutic services. Before this meeting is concluded, an appointment time is set up for formal discussion of the evaluation and review of staff recommendations.

Admission/Review and Dismissal Committee Meeting

Following the evaluation, an Admission/Review and Dismissal Committee meeting is scheduled. Parents, the project director, appropriate therapists and the special education director of the student's school district meet to discuss concerns and to assist the staff in developing a priority of needs.

IN-TAKE PROCEDURE (Con't)

Admission/Review and Dismissal Committee Meeting

The committee completes the (1) Report of Admission, Review and Dismissal Committee (SAM-48), (2) Parent/Guardian Permission/Refusal for Placement (SAM-38), and (3) Individual Educational Program: Total Services Plan (SAM-23).

Direct Services

If the child meets all eligibility criteria and the program meets parental expectations, an admission slip is executed by the program director. The secretary then assigns a case number and makes a master folder for the child's records. A therapy schedule is worked out based on each student's individual needs. This schedule may vary from three times per week to once each week. The child is then assigned to the pre-academic or academic classroom and scheduled for transportation to the program. Transportation to the program may be by (1) CARC mini-bus, (2) LEA bus, or by (3) private car.

Ineligible

If the screening or indepth evaluation does not indicate an orthopedic handicap, the parents and the special education director of the student's school district are consulted and the child is dismissed from the in-take process as ineligible.

Referrals

Medical: Referrals are made to other professionals on the basis of each child's individual need e.g. audiological, ophthalmological, or neurological examination. These recommendations are made on the recommendation of the examining physician. An Orthopedic Clinic is held at the

IN-TAKE PROCEDURE (Con't)

Referrals

Medical:

Center at least quarterly for project students.

Other agencies: If the child is considered ineligible for the program because of not meeting age or residency requirements, a referral is made to the appropriate agency e.g. Early Childhood, local or state facility.

Follow-Up

Contact with referral sources is maintained whether for medical services or placement services.

Therapy Program

An individual plan of therapy is designed for each child utilizing the information from all sources. This plan includes parental concerns and suggestions. The program, incorporated into the child's IEP, meets the deficiencies in gross and fine motor skills and in self-help and language skills measured by the (1) AAMD adaptive Behavior Scale, (2) motor scale of the Bayley, (3) various parts of the Frostig test, (4) Peabody Picture Vocabulary Test and, (5) Detroit Test of Language Aptitude.

Re-Evaluations

During May and June of each year, a formal re-evaluation is made of each child active in the program. Parents and local education agency special education directors meet to discuss the child's progress and they and the staff make the decision as to whether the child should continue in the program. During this conference, the committee completes the (1) Report of Admission

IN-TAKE PROCEDURE (Con't)

Re-Evaluations

Review and Dismissal Committee (SAM-48), (2) Parent/Guardian Permission/ Refusal for Placement (SAM-38), and (3) Individual Educational Program: Total Services Plan (SAM-23). An Individual Educational Program is generally not made for students leaving the program. Those children continuing in the program are scheduled for educational and therapeutic services in the Fall semester.

Other major forms used during the in-take phase include: (1) General Notice of Rights to Parent/Guardian/Client (SAM-21), (2) Least Restrictive Alternative Checklist (SAM-25), (3) Parent/Guardian Response and Appointment of urrogate if Unable to Attend Educational Planning Conference (SAM-39), (4) Parent/Guardian Comment Whether Child Should be in Attendance at Educational Planning Conference (SAM-37). See Section II of this document for examples of all forms developed or modified for use in this project. Section II includes froms found useful during the identification and screening phase, individual assessment phase and placement phase as well as miscellaneous forms utilized.

Placement Requirements

To qualify for services in the School Age Multihandicapped Project a child must be:

- between the ages of 6 and 21 years.
- orthopedically impaired in addition to other handicaps.
- recommended by an examining physician
- a resident of Travis, Hays, Blanco, Bastrop, Caldwell, Williamson, Llano, Burnet, Lee and Fayett counties.

CHAPTER II

PROGRAM SERVICES

DIAGNOSIS AND EVALUATION PROCESS

When sufficient data have been collected to indicate that the child would be eligible for participation in the School Age Multihandicapped Project, an individual assessment is made. Because of the severity of handicapping conditions of this target population, emphasis is on level of functioning rather than intelligence factors.

Normally, a licensed psychologist or educational diagnostician from the student's home school district administers the intelligence tests.. Other tests are administered by the multidisciplinary team (teachers, and the occupational, speech and physical therapists) at the Center.

SCHEDULING

In scheduling evaluations,approximately one hour and a half per evaluation is allowed. The actual amount of time for each evaluation differs according to various factors e.g. the age of the child, (usually the younger the child, the less time is involved), the amount of time it takes for the child to relax in the testing situation, and the severity of the child's handicap. Our experience has been that trying to conduct an evaluation beyond the hour and a half mark is not feasible. If more time is needed, divide the evaluation into two appointments. The Center social services department and the multidisciplinary team is responsible for determining the date and time of the evaluation. Most evaluations are scheduled for Mondays and Tuesdays. The parents are notified by mail of the appointment time and asked to confirm the time by appropriately marking the appointment letter and returning it to the Center Social Services Department.

EVALUATION PROCESS

SCHEDULING

It is important to establish a routine with parents in the beginning whereby they know they must arrive on time and that you will be ready to test the child. This is of importance later in therapy when sessions are thirty minutes; every minute counts.

ESTABLISHING RAPPORT

Once the parents are on the campus, the immediate aim is to create an atmosphere that is comfortable and non-threatening to them. It is important to establish good rapport with the caretaker and the child from the first. It is usually best to give the child a few minutes to "look over" the situation. Be friendly and positive to the child but not overpowering. Have several non-test item toys available within the child's reach. While the child is occupied, chat informally with the parents. The child feels more at ease seeing the parents and examiner smiling and talking comfortably. While talking with the parents, be a good observer. Be sure to cue in on all available information sources i.e. facial expression, body postures, and parent/child contact. Lead the parents in informal discussion of their concerns for the child. Let them verbalize these concerns. Be careful to give the parents time to anwer; do not put words in their mouths. This information will reflect what the parents expect from their child.

Testing

The appraisal process includes a battery of standarized instruments administered by a licensed psychologist or diagnositician from the student's

EVALUATION PROCESS (Con't)

Testing

home school districts and other tests administered by the Center's multidisciplinary team composed of teachers and occupational, speech and physical therapists. The test scores are entered on the Resume' of Assessment Data Form (SAM-49) which is filed in the student's eligibility folder.

A. The main function of instruments used are to assess:

1. Verbal-cognitive - (Wechsler or Benet Intelligence Scale and the Peabody Picture Vocabulary Test)
2. Language - (Peabody Picture Vocabulary Test; Detroit Test of Language Aptitude and the language development section of the AAMD Adaptive Behavior Scale)
3. Personal-social adjustment - (AAMD Adaptive Behavior Scale)
4. Gross and fine motor development - (AAMD Adaptive Behavior Scale; Bayley Motor Scale; Frostig)
5. Academic Deficiencies - (Woodcock Reading Test; Key Math Test; AAMD Adaptive Behavior Scale; Circus Test, and the Boehm Test of Basic Concepts)

The major goal of the multidisciplinary team is to conduct a functional assessment and prepare a report which yields for each child an individualized prescriptive educational program that can be integrated into his/her curriculum. Targets set by the classroom teachers are monitored quarterly through the use of the Quarterly IEP Progress Report (SAM-47) which summarizes

TESTING (Con't)

the student's educational/therapeutic status and attainment of objectives for the quarter. This information is shared with the parents and with the student's home school district.

OBSERVATION OF PHYSICAL CONDITION AND OVERALL BEHAVIOR

Careful attention is paid to physical condition, coordination of movements and muscle tonus. Another important item noted is the child's overall behavior during the entire evaluation period: Is the child hyperactive or listless? Verify with parents whether they consider the child's performance typical.

Normally, one staff member, the teacher, therapist, psychologist or educational diagnostician, conducts the evaluations. If this arrangement is unsatisfactory, an instructional aide may accompany the teacher/therapist/psychologist/educational diagnostician.

PARENT CONFERENCE

After completing the battery of tests, discuss briefly the findings with the parents. We are careful to point out some of the positive things which the evaluation has revealed. Formal discussion of all test results are withheld until all the test data, observations and information from the student's home/school can be analyzed. During this informal conference, simple home activities may be suggested in developmental areas in which the parents have expressed concern. These suggestions act as support for the parents in their role as change agent in their child's life.

PLACEMENT CONFERENCE - ADMISSION/REVIEW AND DISMISSAL COMMITTEE MEETING

At this time, parents are given an indepth report of the evaluation and recommendations from staff members. Parents are asked to discuss these findings and to make suggestions regarding the priority of needs for their child. By working with the parents in developing an Individual Education Plan for their child, they can be helped to form practical expectations and the therapists gain the benefit of the parents' insight into the child's needs. It is a cooperative effort which has the child's welfare as the main focus. (For more information see section on IEP development.)

INDIVIDUALIZED EDUCATION PLAN (IEP)

Parental involvement is a must from the time an evaluation is begun to the drawing up of goals and objectives for the IEP.

Parents are considered in each step of the process which leads to a comprehensive plan for each child, tailored primarily to meet the child's needs but also designed to help maximize the parent's role as teacher.

The committee for developing the IEP includes: parents, project director, teacher, occupational, speech and physical therapist, registered nurse, and the special education director from the student's home school.

In order to make sound decisions regarding the content of the IEP, it is imperative that data from all sources be studied so that valid priorities can be formulated and realistic objectives provided. Information from the following sources is considered.

Case history.

Screening test.

Developmental scale.

Parent concerns.

Medical recommendations.

Standardized tests.

Observation.

The IEP is developed through a series of several steps in an effort to determine the most appropriate plan for each child.

INDIVIDUALIZED EDUCATION PLAN (IEP) (Con't)

In the first step of this process, the information reported on the Denver Developmental Screening Test and case history is taken into consideration. This includes not only test results but also the screening team's observations and recommendations.

Attention is next centered around the results of the evaluation along with information from the child's home school district and the test results from other agencies.

A careful study is made to establish the child's functional level of achievement in each of the developmental areas; language comprehension, language expression, problem solving, personal/social, and motor. Whereas in the first step these areas were screened, in this stage consideration of evaluation information is more detailed. The developmental profile is also studied so that an overview may be obtained.

Another source of information which helps determine the IEP is the parent. Parents completed a "concern sheet" during the evaluation; these concerns are reviewed with the parent, prioritized, and included in the educational plan.

The final sources of information used in developing the IEP are the physical data and observations made by multidisciplinary team during the evaluation.

After information from each of these sources has been reviewed and needs prioritized, long term goals and short term objectives are written.

INDIVIDUALIZED INSTRUCTION

Because of the severity and multiplicity of the handicapping conditions of many of these children, individualized instruction is necessary. The model makes a distinction between individualized programming and individualized instruction. Individualized programming refers to placing the child in a curriculum based on his/her functional ability. Individualized instruction implies a one-to-one teaching relationship.

When group instruction occurs, the interactions are designed for each child's individual instructional program. In this model, group instruction is provided by the teacher, aide or therapist.

Individual instructional programs are prepared for each child. A program prescribes the skill to be taught, the way in which the materials are to be presented and the feedback to be given to the child. Teachers, aides, and therapists employ the instructional programs with each child and record child performance data in a specified manner. The staff uses the daily data to determine the appropriate individual programs for the following day and to determine if alterations are needed in sequencing, cue presentation, or feedback.

One of the assumptions of the program is that handicapped children learn in much the same way as normal children, only more slowly. Therefore, these children require more rather than less schooling than normal children. Since it is difficult to extend the classroom day, it is extended into the home by teaching parents to be teachers. Utilizing the same training methods used to train volunteers, the health care worker/family liaison (registered nurse) and the teacher aide teach the parents to teach their children. Individual instructional programs, chosen by the parent/teacher/therapist to be taught in the home, are coordinated with programs in school. Home visits are scheduled on a regular basis and vists vary from 10-30 minutes. Many of the parents participate in some form of home therapeutic, or health related instruction. The sessions are designed to demonstrate activities for parents so that they will be able to carry out suggestions at home.

REVIEW OF INDIVIDUALIZED EDUCATION PLAN

In order to maintain appropriate educational goals and allow adjustments for progress, an informal review is scheduled each quarter. This review will also allow for changes due to maturation as well. The project director implements this review in cooperation with the classroom teacher, occupational, speech and physical therapist, the registered nurse, parents, and a representative from the student's home school district. In

REVIEW OF INDIVIDUALIZED EDUCATION PLAN (Con't)

addition an annual review is made to determine progress, appropriateness of program, and to project new goals. The parents are a vital part of this review and are asked to prioritize their concerns and participate in their child's program planning conferences.

For a complete list of forms used in the SAM program, see Section III, Identification, Assessment and Placement Forms and Procedures to Assure Compliance with P.L. 94-142 and P.L. 93-112, Section 504.

CHAPTER III

CURRICULUM DESIGN

SAM I CLASSROOM

The SAM I classroom (sensory motor classroom) is designed for severely orthopedically handicapped children whose independent mobility and communication skills are low. The room itself is arranged to provide major areas of carpeted floor space so that the children have room to move freely when out of their wheelchairs. There are mirrors on the wall to help stimulate body awareness and a sandbox filled with beans in one corner which is used for sensory activities. There are specially designed adaptive chairs and a table area for table activities and meals.

A variety of teaching materials and toys are available to teachers and students. Musical toys and instruments are especially important to the children. Some of the toys are used to stimulate infant play skills, while others help develop pre-academic concept formation.

Curriculum for 6-12 year olds

The program for the children in the 6-12 year category is designed to increase functional living skills, communication skills, and body awareness. A specific educational program for each child is designed in cooperation with the speech therapy, occupational therapy and physical therapy departments. The curriculum in the Sensory Motor Class is totally developmentally based.

Curriculum for 13-18 year olds

The program for the 13-18 year age category consists of teaching higher level communication and functional living skills, as well as basic concept formation, body awareness and increasing social and environmental awareness. These children are developing skills to use a communication board system, to be as independent as possible for eating and mobility, which will eventually lead to developing basic pre-vocational skills.

SAM II CLASSROOM

SAM II classroom is designed for verbal students who are able to do pre-academic and academic work. Individualized educational plans are provided for each student concentrating on the areas that are most relevant to him/her. A group occupational therapy session concentrating on sensory motor skills is incorporated into the students' program. Because the purpose of this level of instruction is to provide needed experiences with different situations that the classroom, and sometimes the home environment, does not provide, field trips are an important element in the SAM II class.

Curriculum for 6-9 year olds

Activities for age group 6-9 entailed self-help, motor, language and communication, and cognitive skills.

Curriculum for 10-21 years

For the age group 10-21, the activities are quite similar to the above age group. In the SAM II classroom, the ages range from 6-9 and 10-21. Efforts are concentrated on enhancing whatever academic strengths students possess and incorporating academic achievement into vocational and job readiness skills. Functional living skills (vocational skills), include preparing own lunch, and job readiness. Job readiness encompasses such aspects as grooming, attitude towards work, promptness and courtesy.

The goal for the SAM II classroom is eventual public school placement, if and when the student is mentally, emotionally and physically ready, and/or vocational placement in various local agencies using the same criteria.

Priorities for determining which skills will be taught to children are derived from pretest results of skills selected from the curriculum. The deficit skills are prioritized by the parent, educational staff and therapists. Priorities are based on the assumption that schooling for the handicapped must assist the child to function more effectively in society. Inadequate language and motor skills are the two most visible indicators of a handicapping condition. Therefore, to assist the child toward more normal functioning, concentration is focused on these indicators with the goal being to help the handicapped child use language and movement as much like normal children as possible. After the priorities are established, the child may be placed in one or more of the five (5) curricular areas -- self-help, motor, language and communication, cognitive skills and, functional/living skills (prevocational/vocational skills).

SELF-HELP SKILLS CURRICULUM

Self-help skills include dressing, eating, toileting, and personal hygiene, plus more advanced stages of self care. Exhibit 8 presents developmental suggestions useful in dressing, eating, washing, and toilet training.

Exhibit 8

Dressing

- Use, when possible, clothing which is easily gotten in and out of.
- Explain, in simple words or phrases, the steps through which you proceed as you dress the child. Name the articles of clothing.
- Dress the child consistently each time. For example, put underpants on first, then the shirt, then the pants (dress), etc.
- Encourage the child in pushing his arm (leg) into the sleeves (pant legs), in pulling them out, in taking off a shirt (dress) over his head, and in taking off shoes and socks.
- Allow the child to note where his clothes are kept. Take him there to get and put away his clothes.
- Begin guiding the child's hands as you open and close zippers and button and unbutton his clothes.
- Dress him with his hands over yours and from behind when possible.

Eating

- Encourage finger feeding by, for example, allowing the child to pick up and eat pieces of sugar coated cereals, crackers, cookies, etc.
- Encourage the eating of solids. For example, present the child with an unpeeled banana and allow him to look at it, feel it, and smell it. Peel it part of the way with your hands over his. Take a bite. Place his hand on your face while chewing. Offer him a bite. (Follow a similar procedure with other foods).
- Allow the child to put food into your mouth.
- Move the child's jaws in a chewing motion.
- Show a great deal of approval when progress is noted.

Eating cont'd

- Encourage eating from a spoon: Try wrapping a piece of terry cloth around the handle. With food already on the spoon, place your hands over his on the handle and guide the spoon to his mouth. When he is ready to place food onto the spoon himself, allow him to do so with the fingers of his other hand. Again, be sure he sees and/or feels your eating with a spoon. Eventually he should need only your hand lightly guiding his elbow in eating with his spoon and soon after that, no assistance at all. Do this at every meal, perhaps only for five minutes or a few bites at first. Then allow the child to finish the meal in the usual manner. Increase the amount of time spent with this technique as progress is noted. Be consistent -- it is of utmost importance in any area of the child's development.

- Follow the above procedure in teaching the child to hold, pick up, drink from, and replace a cup.

- Food suggestions for the child who refuses solids:

- peanut butter (a good meat substitute; high in protein)

- graham crackers

- saltine crackers

- watermelon

- kernels of dry cereal

- pieces of donut

- hot dogs

- bread soaked in milk with sugar on it

- Zweibach

- apple sauce

- animal crackers

- mashed table foods or small pieces of same (perhaps mixed with baby food at first)

- soup (i.e., cream of potato, vegetable, cream of mushroom)

- squash; yams with butter

Eating cont'd

- jellow and/or pudding
- macaroni
- mashed potatoes
- shredded cheese
- canned spaghetti

Washing

- Interest the child in water play, in, for example, the bathtub, the sink, a pool, or a pan of water with small toys in it.
- When the child is with you in the bathtub or at the sink, place your hands over his when turning on or off the water. Allow him to feel the running water (thus encouraging a cause and effect association).
- Explain, in simple words or phrases, what is occurring (as "on", "off", "water", or "dry your hands").
- If the child will not tolerate a toothbrush, wipe his teeth each day with a damp washcloth, perhaps with baking soda on it.
- When possible, sit behind the child in the bathtub and guide his actions with his hands under yours.

Toilet Training

- Look for signs of the child's need to go to the bathroom.
- Try to take him to the bathroom immediately before he soils his pants (or immediately afterwards). Work consistently.
- If possible, change his diapers in the bathroom.
- If you use a potty chair, ten minutes at a time should be long enough for the child to sit. If he does not go, take him there again later.
- Tie a toy to the potty chair.

Toilet Training cont'd

- Provide a great deal of approval when the child does use the potty chair or the toilet. You may also wish to give him a reward.
- You may wish to establish a sign or a gesture indicating the need or the procedure of going to the bathroom. If so, use it consistently.
- Wash his hands each time he uses the chair or soils his pants. (This can be a reward if he enjoys having his hands in water).

MOTOR CURRICULUM

The motor curriculum includes the entire range of basic motor movements from tone normalizations to trunk righting, to walking, running, and jumping. Fine motor skills as well as recreational skills (e.g., swimming, throwing a ball and catching a ball) are also included. In addition, some standard physical education activities designed to improve strength and stamina comprise part of the program. These are modified depending upon the physical condition of the child.

Because of the severe and profound handicapping conditions of many of the students, development of perceptual motor functioning in the sutdent begins first with training general movement patterns and then with specific skills which integrate with sensory modalities. Programing includes the following sequential stages: motor to sensory to sensory-motor; motor to perceptual to perceptual-motor; and perceptual motor to cognitive.

Purpose: To assist the child to develop gross and fine motor skills which will allow him to function successfully in his environment.

Goals: The goal of this program is to increase the student's awareness of body parts, body shapes and abilities as measured by teacher observations of increased comprehension of ideas such as "eyes", "arm", "leg", "short", "tall" etc., and to improve precision and articulation in movement as measured by teacher observations of increased coordination in gross movements.

Areas of Motor Programming:

The program is established on a solid motor base in four areas following a developmental model. Many skills taught may be categorized into one of the four areas. These areas are:

Posture and balance -- Posture and balance are important because they are basic to and underlie the performance of motor skills. They require even more refinement when motor skills are adapted to specific situations. Orientation of the body by balancing creates a constant perspective from which stable spatial relationships and perceptual judgements are formed.

Locomotion -- When proper posture and balance are maintained, adequate locomotion can be developed. Locomotor skill is important because it increases the child's mobility and independence.

Receipt and Propulsion -- Receipt and propulsion activities involve receipt of objects moving toward the child and propulsion of objects away from himself/herself. Concepts about size and distance may be formed, further increasing spatial awareness.

Contact and Manipulation -- deficits in manipulative skill prohibits the child's becoming aware of textures, shapes, and objects, By developing acuity in manipulative skills, information gathering processes may be increased.

Movement coordination -- In conjunction with establishing a sound motor structure, integration of basic movement patterns and skills with sensory modalities must occur. All available use of sensory modalities must be organized and coordinated in a meaningful and purposeful manner.

Visual-motor coordination -- pairing the motor responses with incoming visual clues.

Auditory-motor coordination -- sound ques should elecit proper motor responses and the child should be able to localize the sound.

Gustatory-motor coordination -- integration of awareness of taste paired with the use of tongue and jaw movements will aid in developing eating skills.

Kinesthetic-motor coordination -- development of kinesthetic figure-ground is necessary so the child can recognize the proper and necessary movements required of specific skills.

Tactile-motor coordination -- tactile discremination through manipulative skills must be developed to ensure identification of objects, size, texture, and shape.

Sensorimotor Integrations -- various sensorimotor integrations must also be developed. The motor program should include the following:

Body awareness -- enhancing body awareness will aid in the ability to recognize body parts and their movement capabilities.

Rhythm -- includes the harmony and efficiency of movement.

Flexibility -- refers to the modification of shifting of movement patterns to meet situational demands.

Directionality -- refers to the ability to match visual information concerning external objects with the previously established kinesthetic awareness of direction in the body. Internalization of directional change must occur before the localization or movement of an object in external space can be determined.

Laterality - laterality refers to the internal awareness of both sides of the body. It is important in coordinating one side of the body with the other.

Motor planning - motor planning refers to the planning of movement prior to its execution-ability in this area will develop independence and decision making on the part of the child.

Although the preceding program guidelines are concerned primarily with developing the precursory role of motor skills, the programming emphasizes the incorporation of cognitive skills with motor activities and the development of impulse control. The program of motor activities implemented in the SAM Project emphasized the cognitive skills commensurate with the child's level with gross motor skills. While it is true that throwing a bean bag at a target will develop eye-hand coordination and throwing accuracy, a slight modification in the task will result in an improvement in cognitive skill. If the targets, for example, are designed with bags so they represent various shapes, the child may be required to toss the square bean bag to the square target and so forth. As a result, ability to discriminate between shapes, may be improved. The possibilities for such activities are unlimited. Active Learning: Games to Enhance Academic Abilities by Bryant J. Cratty presents over 100 active learning games for enhancing academic functions. Many of the games may be adapted for severely handicapped, orthopedically impaired children.

Communication and language training are also incorporated into the child's individual prescribed motor program. For example, the word "jump" may be paired with the action of hitting a trampoline and jumping. Emission of the word "jump" is then required before the child is allowed to jump. Similar procedures are used with other motor activities and later in classroom activities.

Before citing specific examples of how the classroom teacher can utilize motor activities, and particularly sensory motor activities, an explanation of terminology and a brief review of developmental sequence is in order.

When a child is born, the cerebral cortex is not fully developed; the child's movements and reactions are controlled by "subcortical" areas of the central nervous system such as the spinal cord, brain stem or midbrain. Movements or postures at this level are not voluntary or willed; they are called reflexive. Examples of such movements include, (1) the asymmetrical tonic neck reflex (AIND) characterized by the head turned to one side, the arm and leg toward which the head faces being straight or extended; the other arm and leg being bent or flexed; (2) the tonic labyrinthine reflex being characterized by complete flexion of all joints (neck, shoulder, elbow, hips) when the child is on his stomach and complete extension of these joints when the child is on his back.

As the child's nervous system matures, he learns new movement patterns, learns to combine flexion and extension of joints while in various positions and learns balance and equilibrium all of which will be necessary for movement and survival within his environment.

At first the child's movements are uncontrolled gross limb movements. He learns to move his head from side to side; arms and legs are active in purposeless kicking. Most frequently the child is in flexed fetal position. The child learns to roll over when he begins to combine the flexed fetal position with purposeful extension of an arm and leg.

When the child begins to arch his back while on his stomach, he has learned to completely inhibit the flexion pattern present at birth and is developing strong trunk musculature which will be absolutely necessary for further gross motor skills. It will provide strong neck muscles to hold the head steady for purposeful and prolonged gaze and observation. Further, it will provide a firm stable base for fine motor activities such as reaching, pushing with arms and legs. The child then learns to support his body on his arms so that his trunk is lifted off the ground. As balance and equilibrium reactions develop, he can support himself on one arm, and then the other alternately, a skill necessary for crawling. When the child has learned to crawl, he is utilizing the stable trunk muscles and the finer skills of reaching and pulling with his arms and legs in a purposeful locomotor activity. The ability to shift weight from one arm to the other is beginning to occur in the legs and will become more developed when standing is achieved. The trunk stability will also be utilized and strengthened when the child learns to stand. If these milestones of the development of trunk musculature, strong neck musculature, weight shift were not achieved and matured, it would affect the child's total performance.

These activities must become automatic so that he can concentrate on more cortical activities such as learning to cut, use a pencil or read.

Likewise, at birth, not all the sensory receptor organs are matured which the child will need to interact within his environment. The earlist sensory receptor system to be active is the tactile system. This system interprets light touch, pressure, pain and temperature sensation via receptors distributed over all parts of the body. The vestibular system is also one of the earliest to mature. This system interprets the position and changes in the position of the head and eyes. Receptors found in the semicircular canals in the inner ear and in the muscles surrounding the eyeballs. Essentially this system helps the child interpret his relationship to earth and the effects of gravity.

The proprioceptive system provides the child with information about the position of his body parts in space and relative to each other. The receptors are found in the muscles, tendons, joints and internal body organs. They respond to pressure and heavy muscular exertion.

These first three systems are essential in providing information to the child about his body in relation to his environment. It is necessary for these to function adequately in order to provide sufficient and appropriate information. They are as vital as the visual and auditory systems especially in the first years of life.

In many cases when the child is severely handicapped, the ability to interpret or even tolerate sensory input is impaired. The child reacts in a primitive manner to the input by trying to avoid or move away from the stimuli. This avoidance is termed "defensiveness." The child who cannot tolerate the sensation of touch is considered to be "tactile defensive." He generally can tolerate heavy touch more easily than light touch such as tickling; further, he will probably be most sensitive when touched on the face or hands. While this type of child is highly sensitive to being touched, he will probably be an active "toucher" of objects and people. He can tolerate this type of tactile stimulation because he is in charge of the situation and will withdraw when he has had enough.

Children may be intolerant to not only tactile stimulation, but also vestibular, proprioceptive or auditory stimulation. Tolerance may change with age.

The goal of therapy and/or motor activities for such a child is to improve his tolerance for the stimulation gradually so that he can learn to discriminate and utilize the information rather than avoid it.

The teacher should become aware of the tolerance of each child to particular activities and therefore his tolerance of sensory input and his mastery of developmental skills.

It is necessary for a child to be able to correctly interpret and integrate the tactile, vestibular, and proprioceptive senses in order to develop a good body awareness. Awareness of one's body consists of knowing the relation of body parts to one another, and, in turn their relationship to gravity. This awareness is a prerequisite for many areas of functioning such as maintaining balance and equilibrium, planning and executing motor acts, and in perceptual and cognitive functioning. This illustrates the reason why sensory integration is the basis for much of the treatment done in occupational and physical therapy. It is the foundation that must be laid before skills such as dressing, eating, or pre-academic abilities can be acquired. Each program must be designed to meet the needs of the individual child.

Examples of activities which are used by occupational and physical therapists in the School Age Multihandicapped Project are:

Tactile Activities A

- Rolling on carpet
- Playing in bean boat
- Playing with shaving cream to which rice, oatmeal, marbles, beans, blocks have been added
- Playing in the snow boat
- Making mud pies
- Finger painting
- Sand painting (tempra or finger paint and sand)
- Playing with cornstarch and water
- Lotion, powder, fabrics, foam pieces, towel, fake fur
- Play dough
- Clay
- Water table with several toys or shaving cream
- Put powder on carpet square and have student rub it off

Tactile Activities B (discriminative touch)

- Have student hold and feel object and describe shape, texture, what it's made of and so forth
- Have student write or draw in shaving cream, sand, paints

Tactile Activities B (discriminative touch) cont'd

- Have student "rub" numbers, letters, or shapes in powder on a carpet square
- Make sand shapes or letters on paper and have the student identify or draw shape without looking
- Have student feel letter or animal and identify it
- Hide object in snow or beans and have student find
- Put several objects in bag and tell student to find specific item

Vestibular Activities A

- Rocking in supine inside barrell
- Rocking prone/supine on large flat rocker
- On large bolster in prone position, rocking forward/backward
- Prone over barrell, rocking forward/backward
- Rolling
- On large scooter being pulled

Vestibular Activities B

- Swing in swing
- Swing in tire swing
- Down slide
- Rolling in barrell or tire tube
- Scooter board in prone, pushing self or holding onto strap and pulled
- Kick off wall on scooter in prone
- Push off wall with upper extremities prone on scooter
- Rocking on large rocker by himself

These are general suggestions only. Every activity will not be appropriate for every student. Careful assessment and monitoring of the student's physical condition is essential since there is still much about the vestibular system that is not known. Therefore, it is extremely important to realize its implication on a child, especially a handicapped child whose neurological system is already damaged. Therefore it is extremely important to recognize somatosensory signs of when the neutral system has had enough and discontinue the activity.

A word of caution, over stimulation may cause pallor, heart rate increase, decrease in blood pressure, nausea, extreme dizziness, loss of consciousness, seizures, coma, and complications with children who have shunts. Moreover, the student's response to vestibular stimulation may vary daily depending on the state of his nervous system. Although he enjoyed rocking on Monday, he may not tolerate it on Tuesday.

Methods:

Each student receives individualized instruction based on his/her need following the guidelines listed below for (1) body awareness, (2) gross motor skills and (3) fine-motor skills:

1. Body Awareness

Included in the motor curriculum are many activities to increase awareness of body parts, body shpaes and body abilities. Body awareness skills are taught with activities such as touching and naming of eyes, foot, hand, knees and so forth. As the student progresses he/she anticipates the part to be touched after naming, imitates name or points to the body part, can show correct part when asked, "what do you see, here?" and so on. Finally, the student can identify himself/herself in the mirror and in pictures and shows application of concepts relating to the body such as "hand", "foot", "tall" and so forth.

2. Gross Motor

Gross motor skill is defined as the ability to carry out big movements such as crawling, walking, running, climbing, dodging, jumping and so forth. Every activity will not be appropriate for every student.

Gross motor activities used in the School Age Multihandicapped Project include the following:

Gross Motor A

- Pull to sit
- Sit on bolster or barrel
- Quadruped over bolster
- Rolling
- Prone on wedge or bolster and reach or swat at toy
- Rolling/throwing ball in sitting position or prone over wedge/box step
- Catching a ball

Gross Motor B

- Kneeling
- Throwing ball/bean bag at target

Gross Motor B cont'd

- Maintain quadruped
- Reach for objects in quadruped
- Hitting suspended ball in sitting position - cross midline
- Scoot to obtain desired object
- Cruise on furniture on knees or walking
- Supported standing

Gross Motor C

- Crawling
- Quadruped on tilt board
- Kneel on tilt board
- Obstacle course-crawl, roll under, over, in and out of objects
- Walking with one hand held or with walker
- Pushing own wheel chair
- Standing at table
- Stairs
- On large rocker in quadruped, kneeling or sitting

3. Fine Motor

Fine Motor skills are defined as small delicate movements, usually hand skills such as touching, grasping and picking up objects, scribbling motions, shaping lines and circles, drawing, coloring, copying large letters and cursive writing and cutting.

In the beginning, fine motor activities may consist of no more than the teacher manipulating the child's hands to touch, grasp and so on. From there the child may progress logically to imitation of hand activities such as playing with blocks and picking up objects and thence to the teacher manipulating his/her hand to grasp large crayons and then to scribbling motions. The teacher may need to manipulate the child's hand to shape lines, circles, and so on before he begins to draw, copy large letters and write.

The primary focus of the Handwriting Curriculum is on legibility and self-expression. For those children in the project who are able to participate in handwriting activities, correct posture, slant of paper and hand position are stressed. Generally, the sequence of teaching includes: (1) name the letter, (2) discuss the form of the letter while the student looks at it, (3) demonstrate the letter for the student indicating the direction of the letter, (4) let the student write the letter on the chalkboard without the model, (5) have the student write the letter on newsprint without a model and, (6) have the student write on paper with his eyes on the paper. Books found useful for this area are Handwriting - Noble and Noble Publishers and Manuscript to Cursive Writing - A. N. Palmer Company.

LANGUAGE AND COMMUNICATION CURRICULUM
SPEECH/LANGUAGE DEPARTMENT

Purpose:

To provide diagnostic, therapeutic and consultative services to multihandicapped population. To provide alternate communication systems to non-oral students and to improve receptive and expressive language for verbal students.

Goals:

The goal of the speech/language department is to enable each child to develop language to their highest potential. The areas of concern are: inner language, receptive language, oral expressive language and alternative systems such as manual or communication boards.

Methods:

Initially, evaluation is completed, recommendations made and a multidisciplinary staffing held. Plans are formulated to insure carryover from classroom to therapy session. Examples of tests used are the Receptive Expressive Emergent Language Scale: Peabody Picture Vocabulary Test: Del Rio Language Test: Test of Language Development: Test of Auditory Comprehension of Language: Preschool Language Scale: Detroit Test of Learning Aptitude: Baby: W.S. Gray Reading Paragraphs: and the Goldman-Fristoe Test of Articulation. Not every test is used for every child.

The most basic level of instruction is providing sensory stimulation and play therapy. The therapist imitates the child until the child eventually imitates the therapist, both motorically and orally. Meaningful play with toys, or the establishment of inner language is explored and developed.

The receptive language program aims at improving a child's understanding of what is said to him. A multisensory approach is utilized.

Materials:

Sequence pictures, storytelling kits and other cards, Judy and Fisher Price toys and Peabody Language Development kits are some of the materials used. The child progresses from following simple instructions to depicting abstract concepts.

The expressive language program builds on the receptive language skills. Oral imitation and pairing oral movement with sound may be the starting point. The child is helped to realize the powerful impact speech has on his environment. A core vocabulary is used, combined and phrases generated. A child's phonological system is improved, if needed, through direct articulation therapy. Vocabulary is extended. Sentences are generated and "read" by the child to improve syntax. The language master, tape recorder and especially the video tape recorder are invaluable aids. If applicable, academic skills are utilized whenever possible in the therapy room.

COGNITIVE CURRICULUM

The cognitive curriculum includes those activities associated with pre-academic or academic insturction. Pre-reading and reading skills, arithmetic, and writing are included. Because of the severity and multiplicity of handicapping conditions of many of these children, only a few are able to participate fully in the cognitive curriculum.

Goals:

The goals of the program are to: 1. Maintain and foster enjoyment in reading and writing and to increase application of skills required for competent reading and writing as measured by increased facility in both areas and/or by achievement of higher grade level work, (2) to increase comprehension of quantitative thinking, order, system, and to increase application of the above information in solving quantitative problems in every day life.

The content of the reading curriculum should include the development of reading skills in four areas: (1) reading comprehension, (2) vocabulary comprehension, (3) word recognition, (4) and advanced reading skills for those students who have mastered the previous skills. The use of high interest, low vocabulary materials are essential.

The content of the arithmetic curriculum includes (1) numeration skills (using numbers, grouping numbers, reading and writing numbers, expanded notation, order of numbers and greater than (>), and less than (<), and (2) basic addition, subtraction and multiplication skills.

Materials utilized include:

. Harcort Brace-Reading Series

. Rebus-Reading

- MacMillian - Reading and Math
- Scott Foresman - Reading, Spelling, Science and Social Studies
- Webster/McGraw/Hill - Reading, Science, Spelling and Social Studies
- Silver Burdett, Reading

The primary focus of the Language Arts English classroom curriculum is on the development of oral and written communication skills which include: (1) use of complete sentences, (2) appropriate voice inflections, (3) fluency, (4) correct useage of parts of speech, (5) recognition of types of sentences, (6) word order in sentences, (7) skill in building sentences, (8) sentence patterns, and (9) punctuation.

Curriculum utilized include the System 80, Peabody Language Kit, "Got to Be Me" series. Story time and role playing are also part of the activities.

FUNCTIONAL LIVING SKILLS CURRICULUM

The functional living skills (prevocational/vocational) curriculum includes food identification and preparation skills. Clothing wear and care, safety in the home, personal health and hygiene, social skills, and home management training are included.

Purpose:

To provide skills necessary for the semi-independent environment of half-way house living. To provide needed and desirable skills necessary to be an active, useful member of family for those students who will continue to live at home.

Goals:

The goal of this program is to train each student for the highest level he can attain in each area of home living. These areas are food identification and preparation skills, clothing wear and care skills, safety in the home, personal health and hygiene, social skills, and home management training.

Methods:

Included in the curriculum for functional living are many skills involving food. Food identification skills are taught with activities such as use of food pictures and going out to eat at a cafeteria or restaurant. Learning to choose foods is practiced with selection of food pictures for different meals.

In the process of food preparation one of the first steps is identification and use of kitchen equipment. This is achieved through activities such as game playing with equipment and actual usage of equipment. Then there is actual food preparation and serving for snacks, simple meals and parts of meals. This involves actual food preparation and practice with serving the food the students have prepared. Food storage involves training in learning appropriate storage places and practice placing food in proper place.

Shopping skills include studying price lists, comparing prices, and going to the grocery store to shop.

The study of clothing includes training in clothing identification through the use of actual clothing and clothing pictures. Choosing appropriate clothing for the weather is taught by the same method.

Goals/Methods:

Sight recognition of vocational and safety words is taught through the use of the Language Master and daily word card practice with tests each week. Concepts and telling of time includes such activities as team contests for finding times on individual clocks and tape recorded times to be placed on blank clock sheets.

Training with money includes activities for number concept training such as more, less, first, and last comprehension. All money training makes use of actual U.S. coins. For coin recognition and their equivalencies, games and money sheets are used. For recognition of coin combinations and counting money there are activities such as coins, stamps and games. Some of the practice received in purchasing items is through the use of a simulated store and a grocery list games.

Writing skills are developed to enable the student to write his/her full name, address, telephone number and birthday. In auditory preception training there is listening comprehension, auditory memory,, and auditory discrimination taught through such materials as Sound, Order, Sense, and DLM Auditory Perception Training tapes and materials. The visual perception training received includes directionality, figure-ground, dimension, condition, position, size and order through such activities as visual perception film strips and overlays.

Some of the communication training received is through the actual use of the schools telephones. There is also much communication development through use of city bus travel and calling for time schedules. In developing knowledge of how to spend their leisure time, the students receive exposure to many community activities through field trips. Some of these field trips include the circus, zoo, Museum of Natural History, police station, movies, ballets, city parks, and to the airport.

The self concept and understanding self training is developed through many activities such as use of mirrors for a physical description of themselves, and making murals of magazine pictures depicting different emotions. There are also many activities related to appropriate behavior at home, at work, and in public. This is taught through the use of filmstrips, class discussions, and field trips. Coping with certain situations is taught through the same medium.

Evaluation:

The on-going evaluation process is accomplished through the use of empirical teacher observation and teacher made tests periodically during training.

ARTS AND CRAFTS ACTIVITIES

Purpose:

The purpose of the arts and crafts activities is to provide an opportunity for each student to develop motor, perceptual and cognitive skills through leisure time activities and vocational training. The activities provide many basic skills needed for the students to practice, organize, assimilate and direct toward a specific goal. Also, valuable social skills such as peer interaction, sharing, cooperation with others and cleaning up after oneself are practiced daily.

Goals:

Each student should receive instruction individualized sufficiently to provide the optimal learning environment, thus enhancing every possible developmental growth toward a satisfying useful adulthood personally, socially and economically.

Instruction will follow the general guidelines listed below:

- I. Self-help
  - A. Personal care activities
  - B. Home care activities
- II. Social Skills
  - A. Language and speech
  - B. Interpersonal relations
  - C. Manners and general social behavior
- III. Vocational - Leisure Time Skills
  - A. Sensory - Motor Development
  - 1. Body Concepts
    - a. learning parts of the body
    - b. making student aware of his or her own physical characteristics
    - c. self image
  - 2. Laterality
    - a. awareness of right and left sides of body
    - b. assembly of figures and faces
  - 3. Directionality
    - a. develop positional concepts such as up/down and left/right through folding, wrapping yarn and drawing lines in different directions

Vocational - Leasure Time Skills (Con't)

4. Facile-Kinesthetic Awareness
    a. learning sense of touch through various art materials
    b. kinesthetic awareness learning through manipulation of materials such as crushing, rolling, pressing, wrapping, etc.

Evaluation:

Evaluation is done by teacher observation, record keeping, and staff assessment, but standarized tests and measurements are also used as a guideline for individual expectations.

The teaching of children must include the management of their social behavior. Inappropriate behavior which interferes with the learning process must be eliminated before effective teaching can occur. Thus, if inappropriate behaviors are exhibited by a child, the initial teaching efforts must remediate these behaviors.

CHAPTER IV

RELATED SERVICES

REFERRAL FOR PROFESSIONAL SERVICES

Because of the number of medical problems experienced by this population, the project provides referral services for medical, dental, psychological and psychiatric services. These referrals are expected to result in more effective planning to meet specific needs of the child. Referrals are made on a need basis at the request of staff members and parents. The center Social Services Department is responsible for implementing this service. The nurse may accompany the parent and child.

TRANSPORTATION

Families served by this program are for the most part from low income families and lack transportation. In those cases where the referring school district can't furnish transportation, the center provides transportation to and from the project daily. Most children who attend the program come from small rural districts fifteen to fifty miles away.

ORTHOPEDIC CLINICS

Because of the severity of physical handicaps experienced by the SAM clients, the need for direct communication with an orthopedic specialist was evident. To facilitate this direct communication, periodic clinics were scheduled with a leading orthopedic surgeon in the area. The Chief of physical therapy arranged the clinics and scheduled 4-6 of the SAM clients for each clinic. The clients were evaluated by the physician, who then made recommendations regarding therapeutic needs, the possible need for more indepth orthopedic evaluation, and the need for specialized equipment to adapt the classroom and the home. Brief summaries were written by the physician including his recommendations. Copies were placed in the client's permanent record and also sent to their family physicians. Usually, an orthopedic clinic was scheduled each quarter.

CHAPTER V

PARENT INVOLVEMENT AND TRAINING

INTRODUCTION

The School Age Multihandicapped Project provides a full range of supportive family counseling services based on identified prioritized needs of the Project participant and his family. The staff works in concert with specialists in the fields of psychology, psychiatry, medicine, education, and so on, to maintain open communication and to help families cope with the day to day demands that the handicapped child places on the family. All activities are geared toward helping parents understand and cope with their children. Appropriate professionals such as occupational, physical and speech therapists, pediatricians, neurologists, orthopedists, psychologists, psychiatric social workers, and experts in the areas of nutrition, and so on are utilized.

Communication and continuity between the classroom and the home is provided daily through the use of a daily home log book used to record home and school comments of teachers and parents.

Parents are involved in every aspect of programming for their child, and are encouraged to visit the project to observe and work with their child in the classroom. Each quarter the multidisciplinary team, parent, and a representative from the child's home school district review the child's progress in terms of established goals, accomplishments in meeting these goals and appropriateness of the initial goals. Regularly scheduled parents conferences are held quarterly. Contacts are made with the home through telephone and/or personal visits. During the third year, the health care worker/family liaison (registered nurse) visited project participants' families at least once during each quarter. Parents have also been involved in helping to take students on field trips.

PARENT INVOLVEMENT/TRAINING ACTIVITIES

Exhibit 1 presents a list of useful items to remember when holding a parent conference.

Workshops, conferences, and home visits are scheduled during the day or evening hours as appropriate throughout the year based on information contained in the Family Needs Assessment Form (SAM-18) completed annually by parent/guardian. Exhibit 2 presents information on parent training activities conducted during the three year period of the contract.

Each parent training activity is documented in writing and maintained in Project files. At the conclusion of each training session, parents complete the Parent/Staff Training Evaluation Form (SAM-57) which provides immediate feedback to staff. An annual Program Evaluation Form (SAM-45) completed by parents aids the staff in evaluating the overall effectiveness of the services and training provided.

The most important concerns for the parent involvement program is establishing a cooperative spirit between staff, parents and child. The first few contacts with the parent are the most important. A large number of the parents served by the SAM Project are in outlying areas of the community and are sometimes ill-at-ease on first contact. During the first months of school, a special effort is made to allay parental anxieties about the program and to assist parents in developing positive self concepts. Through these efforts parents begin to have a positive feeling about their child's abilities and the SAM program. Showing a genuine interest in the parents and their child

Parent Involvement/Training Activities (Con't)

is essential to the success of the program. Encouragement and support is continually given to child and parent. A Parent/Teacher Agreement (SAM-40) is completed when the child enters the SAM program and is instrumental in establishing good rapport between staff and parents.

The best advocates for the program are parents who have had an opportunity to develop their own parenting skills and have an awareness of the program and its impact on the needs of their child.

EXHIBIT 1

PARENT CONFERENCES

Following is a list of items to remember when holding a parent conference:

1. Interaction with the parents is a fundamental link; therefore, positive interaction is essential.
2. There must be cooperation between staff and family in order to develop an individualized program to suit the needs of a particular child.
3. Positive relationships do not just happen; they need to be cultivated. This is not always an easy task.
4. Be very sensitive to the parents' feelings, hopes, and attitudes. Awareness of these should direct your approach in reporting the evaluation results to the parents.
5. Some parents can handle information extremely well; others must be given information more slowly.
6. It is extremely important to communicate on the parent's level and avoid giving the impression of being the professional with all the answers. Use vocabulary that is easily understood, and give examples relevant to that parent's background and environment.
7. Start with the positive items. Tell the parent things the child can do. Give examples from the evaluation, or daily classroom work.

EXHIBIT 2

PARENT INVOLVEMENT/TRAINING ACTIVITIES

Parents or legal guardians of project children received consultation and training services in the following areas during the (3) years of the program:

* Project Tour held each year of the program
* National Conference on the Training & Utilization of Paraprofessionals in Educational Programs for the Handicapped (78-79)
* Infant/Parent Mothers Group (78-79)
* Normal Child Development (78-79)
* Learning How to Make the Legislative Process Work (78-79)
* Seizures (78-79)
* Education for the Handicapped (78-79)
* Film - "Who Are the Debolts & Why Do They Have 19 Children?" (78-79)
* Nutrition (78-79)
* Christmas Play (78-79)
* Audio Visual Presentation of Each Student's Progress (79-80)
* Stress Management (79-80)
* Sign Language Class (79-80)
* Speech/Language Implications of Multihandicapped (79-80)
* Parents & Professionals: A Team Approach (79-80)
* Estate Planning for the Handicapped Child (79-80)
* Parents/guardians of all project children have attended twelve (12) Center-wide parent/staff meetings and ten (10) Center-wide conference days scheduled during normal business hours.
* All parents of project children have been involved throughout the (3) years of the program in meetings and program planning for their children

CHAPTER VI

STAFF COMPOSITION AND TRAINING

STAFF COMPOSITION

The basic staff for the School Age Multihandicapped Project includes a project director, two certified teachers, five teacher aides, a health care worker/family liaison (nurse) and a secretary/bookkeeper/disseminationist Additional teacher aides (CETA funds), volunteers, and special education practicum teachers assist in the classroom, also.

A low staff/pupil ratio is important due to the severity and the multiplicity of handicapping conditions for this population, and the necessity for one-to-one individual instruction. Table 1 presents information on the number of students, teachers, aides and funded amount of each year of the three-year contract. For additional information see the End of the Year Evaluation Report for 1979-1980, Section III of this document. This model also provides for occupational, speech and physical therapists as contract personnel. These services are based on student needs.

The project director should have an educational background with graduate level work in special education, educational psychology and/or early childhood development. Administrative and organizational skills are imperative. Skills in interpersonal relations and communication are important, also. Since SAM represents an innovative change, it is also beneficial if the director has an understanding of change processes.

The characteristics of the teachers who interact daily with the parents, students, and volunteers are of crucial importance to the success of the SAM model. Many educators prefer the professional stance of "leave the teaching to us, we're the experts, the less parent interference the better."

Staff Composition (cont'd)

This attitude would defeat the purpose of the SAM model which stresses the importance of parents as partners in the educational process.

During the hiring of SAM teachers and aides, persons with the following attributes were sought: warmth, enthusiasm, wide ranging experiences, and evidence of empathy. Although knowledge of early childhood development was important, specialization in this area of education was not a prerequisite.

Teaching in the School Age Multihandicapped Project requires wide ranging expertise in education. Course work in Special Education which includes the exceptional child, learning disabilities, child psychology, guidance and counseling, diagnostic testing, speech and language development form a fine foundation.

The SAM teachers also had to be effective in dealing with varying age levels of multihandicapped students, functioning on a infant to junior high level. Some early childhood tachers would find it difficult to deal with students of high school age or adults. If at least one of the teachers is familiar with early elementary curriculum and expectations this is an asset. Knowledge of learning disabilities is essential, also.

The nature of the SAM model which includes an observation area with parents and visitors observing frequently added another dimension to the hiring process. It was important that the teachers have enough self-confidence and self-assurance to be comfortable being observed.

Staff Composition (cont'd)

The working relationship between the two teachers must be harmonious as they plan curriculum and interact with the participants. They must also be able to work as part of the multidisciplinary team in concert with the speech, occupational, and physical therapists and with the health care worker/family liaison (nurse).

There may be areas in which the teachers feel less adequate. Staff development activities can be planned often using resources available within the agency, local school district, or Education Service Center.

All staff members participate in developing project products, community awareness programs, group parent meeting, and maintaining records and reports.

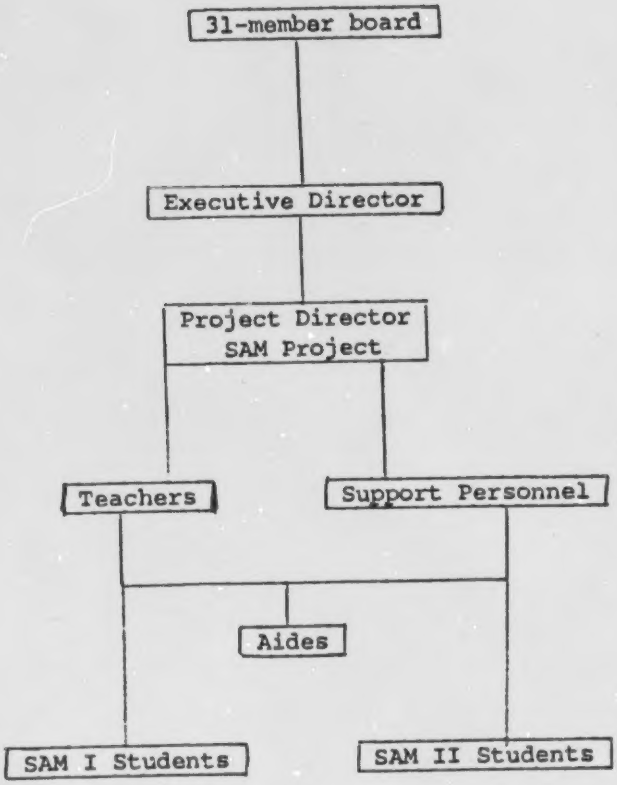
During the first year (1977-1978) of the project the staff consisted of a project director, two teachers, two teacher aides and a secretary/bookkeeper/disseminationist.

The second year (1978-1979) two teen aides (50% FTE) and a health care worker/family liaison (50% FTE) were added to the staff.

During the third year (1979-1980) two additional teacher aide positions were funded. However, only four aide positions were filled during 1979-1980.

The increase in staff is warranted by the multiplicity and severity of the handicapping conditions of the children served. The staff/pupil ratio may be adjusted depending upon these factors.

The schematic below shows the administrative channels for the project.


31-member board
Executive Director
Project Director SAM Project
Teachers
Support Personnel
Aides
SAM I Students
SAM II Students

On the following pages are listed the positions and job descriptions of the SAM project staff. However, these roles and the number of positions could be adapted for other programs.

JOB DESCRIPTION

Title: Project Director

Qualifications:

- Master's Degree
- Supervisory experience
- Certifications in special education
- At least five years successful teaching experience in special education
- Such alternatives to the above qualifications that may be appropriate and acceptable

Reports to: Executive Director, Capital Area Rehabilitation Center

Duties and Responsibilities:

- Plan, develop and implement projects which are consistant with identified regional needs or state mandate
- Explore innovative programs/projects which are special education in nature
- Plan and cooperate with other educational agencies
- Serve as a consultant and resource person to the local education agencies
- Assist area special education consultants in developing and initiating programs in the local school districts
- Provide all information necessary for completion of project reports
- Provide project data for dissemination
- Plan for professional growth activities
- Assume other activities and duties as necessary

JOB DESCRIPTION

Title: Secretary/Bookkeeper/Disseminationist

Qualifications:

- Background and ability in successfully meeting the public through telephone and/or person-to-person contact
- Ability and background in office management
- Ability to type and perform office secretarial functions
- Experience with keeping accounts (bookkeeping functions)

Reports to: Project Director, but will receive and carry out instructions from all personnel in the program

Duties and Responsibilities:

- Managing the day-to-day office functions
- Receiving, typing, filing and recovering data received about the project
- Emitting a friendly, cordial feeling to all persons contacting the office by telephone and/or personal contact
- Keeping accounts relating to grant monies (revenue and expense)
- Performing all bookkeeping functions
- Assume other duties as the need dictates

JOB DESCRIPTION

Title: Classroom Teacher

Qualifications:

- At least a Bachelors' degree from a fully accredited college or university
- Hold or be eligible for a valid Texas teaching certificate for the level and subject area in which the teacher is to work
- A minimum of two years full-time experience in teaching severely handicapped children
- Such other alternatives to the above qualifications as may be appropriate and acceptable

Reports to: Each teacher is under the general direction of the project director and immediately responsible to the project director for carrying out the policies of the Board of Directors as they relate to the function of the Center, to the SAM classroom and to the immediate contact with pupils and parents.

Duties and Responsibilities:

- To direct and evaluate the learning experiences of the pupil in both curricular and extracurricular activities
- To provide guidance to the pupil which will promote his/her welfare and his/her proper educational development
- To be responsible for carrying out the teacher personnel policies and other school policies, rules and regulations as listed in the SAM Program Guidelines and in the most recent editions of the Policies and Procedures Handbook of Capital Area Rehabilitation Center or as otherwise prescribed by the project director, executive director and the Board of Directors.
- To be responsible for child accounting
- To maintain liaison with the parents
- To maintain liaison with state/local/community agencies and organizations
- To implement a data gathering system
- To supervise aides, trainees, etc., assigned to their classrooms

Title: Classroom Teacher (continued)

- To make periodic home visits
- To administer the classroom program
- To provide for the care and protection of school property
- To participate in the activities of the faculty of the SAM Project and of the Center
- To cooperate with and participate in the planning and evaluation of the school program
- To take part in the inservice education program
- To make full use of the supervisory and consultative services provided by the SAM Project and the Center
- To maintain cordial and workable relationships with all colleagues
- To be responsible, with the project director, for the care and welfare of the school and student body as a whole whether the location is the classroom laboratory, hall, or other part of the school premises. No one in the SAM Project is employed to do just one particular job exclusive of any of the duties or responsibilities mentioned above.
- Assume other duties as assigned

JOB DESCRIPTION

Title: Teacher Aide

Qualifications: High school diploma, experience in working with handicapped children, ability and initiative to work without constant supervision or other qualifications deemed appropriate by the project director.

Reports to: Project director and to supervising teacher

Duties and Responsibilities:

- Participate in the appraisal process (identification, screening, referral, assessment and evaluation) for project participants in cooperation with the classroom teacher
- Gather baseline data
- Gather data to monitor short range objectives
- Help formulate activities for individual students
- Implement instructional activities in cooperation with classroom teacher
- Implement parent instruction in cooperation with classroom teacher
- Participate in needs assessment and in staff development activities
- Participate in the activities of the faculty of the SAM Project and of the Center
- Assist classroom teacher in maintaining necessary records and reports for the project
- Assist classroom teacher in documenting all project training processes and products
- Provide for the care and protection of school property
- Provide for the care and safety of the children
- Assist the teacher in maintaining liaison with parents
- Maintain cordial and workable relationships with all colleagues
- Assume other duties as need dictates

JOB DESCRIPTION

Title: Health Care Worker/Family Liaison

Qualifications:

- A minimum of three years of experience in public health
- Experience with handicapped children or parents of handicapped children
- Ability to communicate and collaborate with other professionals and with parents about health problems
- Ability to problem solve
- Such other alternatives to the above qualifications as may be appropriate and acceptable

Reports to: Project director

Duties and Responsibilities:

- Develop a total family health care program for each family and coordinate with individualized instructional plans
- Obtain health history on target children so that it includes complete information on past medical history, present status (update at least once each year), immunizations received, medications taken and observations of side effects
- Take appropriate action to have immunizations completed (refer child/parent to public health department/physician or arrange for immunization clinic)
- Provide for interagency liaison and crisis intervention
- Disseminate information about community resources
- Consult with parents and make arrangements for physical exams
- Disseminate medical information to parents and to personnel working with target children
- Evaluate children for possibility of communicable diseases. Observe for and report health hazards in the home/school/community environment.
- Notify appropriate persons in regard to children who are ill and take appropriate action--isolate child, take child home, etc.
- Take appropriate action in meeting needs of children with health problems (e.g., changing dressing, care of ileal condiut, clostomy, etc.)
- Use home visits and conferences with parents to do health teaching and counseling in regard to child/family health problems

Title: Health Care Worker/Family Liaison (continued)

- Administer first aid and initiate emergency care for children who require it
- Administer any medications to be taken by the child while at the Center. Have proper permit signed, maintain records on medications given and keep medications in a safe place.
- Attend staffings and contribute to the planning of each child's therapeutic program
- Serve as resource person to staff and parents. Provide inservice education on topics that are relevant to health care.
- Maintain a resource and health teaching materials library including information on health problems and medications
- Serve as liaison with physicians/health care agencies and other community agencies
- Make hospital visits as needed
- Assist families in securing resources for needed care
- Address parents' level of coping with the child and his/her disabilities and counsel with them as needed
- Make home visits. Complete a family data sheet and report to staff members regarding recommendations for variations in care.
- Other duties as assigned

STAFF DEVELOPMENT

The purpose of the project staff development component is to create an understanding of the needs, abilities, and limitations of severely handicapped, orthopedically impaired children and to fulfill the identified needs of staff members as they relate to the education/training of this population. Knowledge in this field is approached from multidisciplinary levels. The expertise from various disciplines such as psychology, psychiatry, medicine, education, and so on are employed on a consultative basis.

All staff development is based on a survey of individual staff needs and is provided on an individual or group basis as most appropriate for the staff member concerned. A Staff Needs Assessment form (SAM-55) is completed by every staff member at the beginning of each year. The Project Director is responsible for keeping the staff aware of upcoming programs and activities which are appropriate to the identified needs of the staff.

In keeping with the idea of training as an ongoing process, the SAM Project provides training to staff personnel so that all staff members develop skills in identifying needs, making developmental assessments, developing appropriate instructional programs, and working effectively with parents. In this type program, staff members work very closely with the parents and need the best training in order to maximize parent participation and to insure maximum gains for the children.

Staff training includes: in-house staffing, in-service, site visits, workshops, conferences and seminars conducted by outside consultants.

IN-HOUSE STAFFING

Much staff development takes place during in-house staffing. Not only does this provide a perfect time for discussion concerning individual cases, but it also allows for sharing information from recent articles published, discussion of new techniques, and review of project policies and procedures.

Some of the topics reviewed during in-house staffing are: 1. medical terminology used in reports, 2. methods in educational programming and evaluating, 3. information from articles published in professional journals.

IN-SERVICE

The director of the project provides in-service to the staff according to their specific needs identified on the completed Staff Development Form (SAM-55).

In-service conducted by the project director for the benefit of the staff includes: 1. overview of identification process, 2. administration of screening and diagnostic tests, 3. techniques of parent counseling and parent interviewing, 4. introduction to center policies and procedures and 5. project goals, objectives and activities.

SITE VISITS

Because the project staff makes referrals to other agencies in the area, they must be familiar with agencies serving families of the handicapped. At times a coordination of services is needed, therefore, site visits help establish a good team relationship and give staff members pertinent information about the agency. Site visits have included:

- United Cerebral Palsey Training Center for Severely Handicapped Individuals
- Angel Cardinas School for Severely Handicapped
- Texas School for the Blind Annex
- Travis State School
- Texas School for the Deaf
- MHMR Infant/Parent Program
- Criss Cole Center

Another important aspect of staff training is the provision of periodic workshops, conferences and seminars where the educators, therapists, and consultants can meet with one another and discuss topics of mutual interest, problems, and solutions. At the conclusion of each training activity, every staff member is responsible for completing a Parent/Staff Training Evaluation Form (SAM-57).

Exhibit 3 presents a list of conferences, workshops, and seminars attended. by the staff during the three year period of the contract.

EXHIBIT 3

STAFF INVOLVEMENT/TRAINING ACTIVITIES

All project staff received pre and inservice training and consultation in the following areas during the (3) years of the program:

* Awareness & Orientation to Project Goals, Objectives & Activities (77-78)

* Orientation to Capital Area Rehabilitation Center Services of Personnel (77-78)

* Appropriate Instructional Materials & Media (77-78)

* Development of Individualized Educational Programs (77-78)

* Embryology, Mental Retardation & Research (77-78)

* Assessment Instruments - Callier-Azusa Scale, Curtis Donlon Protocol, AAMD, DASI & Observation Techniques (77-78)

* Media Inservice - Use of Video Equipment (77-78)

* Techniques for Working with the Family & the Community (77-78)

* Assessment of Severe & Profoundly Handicapped Children (77-78)

* Film - "The Mourning Theory" (77-78)

* State Board of Education - State Plan for Special Education (77-78)

* Preschool Class (one week inservice working in preschool handicapped classroom) - Teaching Techniques (77-78)

* Slide Tape - "Seeing is Believing" (77-78)

* Services for the Blind & Visually Handicapped - State Commission for the Blind (77-78)

* Public Law 94-142 (77-78)

* Conference on Services for Severe & Profoundly Handicapped Children (77-78)

* Evaluation Network (77-78)

* New Strategies for Working with MR Children (77-78)

* Medical Training for Working with Handicapped Children (77-78)

* Planning Services for the Handicapped

* Bulletin 711 & State Administrative Policies (77-78)

- * Program Evaluation (77-78)
- * Sensory Motor Integration (77-78)
- * Nutrition Workshop (77-78)
- * AAEVH Conference (77-78)
- * Awareness & Orientation to Project Goals, Objectives & Activities (78-79)
- * Building a Leadership Team (78-79)
- * Transferring (78-79)
- * Biofeedback (78-79)
- * Film - "Laurie" (78-79)
- * Sex Education for the Handicapped (78-79)
- * National Conference on the Training & Utilization of Paraprofessionals in Educational Programs for the Handicapped (78-79)
- * Federal Grants & Contracts (78-79)
- * Severe/Profound Handicapped (78-79)
- * Sensory Integration (78-79)
- * International Year of the Child (78-79)
- * Orientation to Capital Area Rehabilitation Center Services (78-79)
- * Structuring Environment (78-79)
- * Normal Child Development (78-79)
- * Language Curriculum for the Deaf (78-79)
- * Services for Visually Handicapped & Deaf/Blind Infants (78-79)
- * Community Services - Health & Hygiene (78-79)
- * Behavior Modification (78-79)
- * Brain Dysfunction (78-79)
- * Vocation Possibilities for Handicapped/MR (78-79)
- * AOTA Conference (78-79)

* Communication, Cognition, Pre-Vocational Assessment (78-79)

* Neurological & Vestibular Stimulation (78-79)

* Public Law for the Handicapped (78-79)

* Seizures (78-79)

* Validated Preschool Program (78-79)

* Consumerism (78-79)

* Learning How to Make Legislative Process Work (78-79)

* Speech & Language Development (78-79)

* Physical Therapy - Transferring, Lifting & Carrying (78-79)

* Sensory Integration (78-79)

* Individual Education Plans (78-79)

* Assessment (78-79)

* Assessment & Programming (78-79)

* Nutrition (78-79)

* Washington Conference (78-79)

* AAESPH (78-79)

* Program Development & Evaluation (79-80)

* Medical Policies & Procedures for CARC (79-80)

* Heart Functions (79-80)

* VTR Media Inservice (79-80)

* Methods for Working with Severely/Profoundly Handicapped (79-80)

* National Child Care Worker (79-80)

* Advisory Council Task Force on Confidentiality (79-80)

* Seizures (79-80)

* Services for Severely/Profoundly Handicapped (79-80)

- Confidentiality (79-80)
- Severely Handicapped Conference (79-80)
- Review of Goals & Objectives/SAM Project (79-80)
- Policies & Procedures: Confidentiality of Records (79-80)
- Region XIII - Instructional Resource Center (79-80)
- Stress Management (79-80)
- T-CASE (79-80)
- Major Changes in Funding Serving Severely/Profoundly Handicapped (79-80)
- Programs for Gifted/Creative/Talented (79-80)
- Multidisciplinary Team Approach to Serving the Handicapped (79-80)
- Sign Language Class (79-80)
- Therapeutic Touch (79-80)
- Positioning (79-80)
- Language & CP, Multihandicapped (79-80)
- Speech/Language Implications of Multihandicapped (79-80)
- Parents & Professionals: A Team Approach (79-80)
- Communication - Handicapped Children & Their Parents (79-80)
- Coping with Chronically Ill & the Dying Child (79-80)
- Time Management (79-80)
- Spanish Class (79-80)
- Workshop for Emotionally Disturbed, Autistic & Learning Disabled (79-80)
- SPH Services (79-80)

CHAPTER VII

DISSEMINATION

PUBLIC AWARENESS

Not only is it necessary to do an outstanding job in providing services for children in the program, but it is also necessary to alert others in the community to project services. Through the use of publicity in the local newspapers, and letters to state and local organizations, we were invited to present our project program to community groups, parent groups and professionals.

In order to give a good overview of the project services, three methods were used: 1. slide tape presentation, 2. brochures, and 3. tour of the SAM project site.

The first approach consisted of 72 slides covering program components such as: background information, eligibility requirements, population served, program services, and other related services provided for the child/family. These include slides of the children in the program and action shots of aides, parents and volunteers working with students in the program.

The second approach, a brochure,is a written overview of the program including background information, eligibility, objectives, staff, facilities, advantages and goals.

The slide tape presentation is followed by a question and answer period of ten to fifteen minutes.

The last approach, a tour of the SAM classroom, is very effective for small groups. It enabled the staff to point out the many advantages of the therapeutically based educational program and stimulated more spontaneous questions from those touring the unit. A display of instructional materials, and diagnositc instruments helpd illustrate the program services. During the first two years of the project, a Project Visitor Information Form (SAM-46) was completed. During the third year a guest book was used. Over 478 guests toured the SAM Project from July, 1977 to June 30, 1980.

As with any public awareness program there were advantages and disadvantages to each method, and we have listed some of these below:

1. Slide/tape presentations are easier to set up since no special equipment other than projector and tape recorder is needed.
2. Tours are very good in that visitors begin to get the feeling of program; they can see the space and materials and relate this to children and parents.
3. Small tour groups are better (15 to 20 people); larger groups may be used effectively if done in shifts.
4. Tours stimulate more questions.
5. Brochures are an excellent addition to the slide/tape presentations or the tours and can be retained for reference.

In summary, public awareness programs at community meetings were considered to be important and useful in gaining community support of the program.

Other dissemination activities included:

Child-by-child progress as determined by the Project's evaluation procedures was disseminated to parents/guardians, at least quarterly.

Individualized Educational Programs for each Project participant were developed and disseminated to parents and the child's home school district annually and as updated.

Interim, annual and final reports required by Bureau of Education for the Handicapped were completed and forwarded as required.

Contact with State and local agencies, and with parents of severely handicapped children/youth through conferences, workshops, and so on were maintained.

Contact with Education Service Center Region XIII for coordination of efforts to identify, screen, assess and serve severely handicapped children in this region. ESC XIII consultants and other agency consultants were utilized as needed for staff development.

Beginning early in the second year and continuing for the duration of the Project, the Project site was available to colleges and universities within the State for student teaching and internship placement opportunities.

Two training demonstration sessions for special education students at the University of Texas were conducted each year.

Staff presentations at conferences and workshops.

DELIVERABLES

The following is a list of products developed by the School Age Multihandicapped Project Staff:

* School Age Multihandicapped Program Model Guide. Replication model including examples of the curricula found useful for a severely handicapped, orthopedically impaired class.

* Identification, Assessment and Placement Forms and Procedures to Assure Compliance with P.L. 94-142 and P.L. 93-112, Section 504.

Manual of forms developed by the project staff and found useful by local education agency special education personnel.

* The School Age Multihandicapped Project - Slide tape presentation of the SAM Project's model program for severely handicapped, orthopedically impaired children (ages 6-21 years).

* SAM - Brochure presenting information about the services provided in the SAM project.

CHAPTER VIII

EVALUATION OF PROJECT ACTIVITIES

EVALUATION PLAN

The importance of developing an effective planning and evaluation system cannot be overemphasized. By planning both long and short range goals, and evaluating the degree to which these goals have been achieved, the project can provide services and programs in an orderly and systematic fashion to meet the needs of its severely handicapped children/youth.

An evaluation design was developed by an evaluator (Ph.D. contracted) assigned to the project under the supervision of the project director. The design included process and product evaluation and cost effectiveness activities requested by the Bureau of Education for the Handicapped. This design was tested the first year, revised at the end of the second year and the final design implemented. See Section III for an annual report or each year's activities and the third party evaluation reports.

The goal was to develop and implement an evaluation model for the project that would continuously monitor and assess program processes and products to insure that the model could be replicated in other sites.

A comprehensive system of record keeping was implemented early in the first year of the project and continued throughout its duration. Great care was taken to continuously monitor the efficiency and effectiveness of all project components. Site records contain written documentation on student progress and staff interaction with parents, local education agencies and other agencies and organizations. Following is a brief description of the evaluation plan.

1) In-House Evaluation Plan

Two types of evaluation, formative and summative, were done by the project. The first type of evaluation concerns the outcomes of the project. This plan should include a statement of each objective, the instrument to measure whether the objective is achieved, and the data collection procedure. The contractor with the assistance of the subcontract evaluator should be responsible to collect, analyze and make a report on the extent project objectives are achieved. See Exhibit 4, Outcome Evaluation Plan for an example of this method. The second type of evaluation is summative, Exhibit 5, Process Evaluation Plan, presents the way contractor should evaluate the program activites. Each activity is presented indicating the date to be completed and the documentary evidence showing that activities have been done.

The evaluator should complete the columns indicating actual date of completion and actual documentary evidence. This method will allow the project director to have ongoing and up to date evaluation information on program activites. Projected Quarterly Activity Reports for each pase of the project should be part of the evaluation design also. Exhibit 6 is an example of a form which may be used for the activity.

2) Third Party Evaluation Plan

The subcontract evaluator should validate the in-house evaluation

2) Third Party Evaluation Plan

results. To do this a copy of the in-house evaluation plan should be given to the subcontract evaluator with a request that he submit a plan for validating the in-house evaluation results. The plan should include the objectives and activities to be validated, sampling procedures, and the methods by which the validations will be done.

The following are some examples of main evaluation questions that were considered by the subcontract evaluator in the formative and summative evaluations for each of the three years of the School Age Multihandicapped Project.

1. Has the School Age Multihandicapped Program been properly implemented? This question will be answered by data collected from project records. The special Education Contact Log (SAM-52) was used by the staff to document personal and telephone contacts. Interviews with parents, local education agencies, and coordinating agencies are also effective stragegies. The SAM Project parents completed a Program Evaluation Form annually (SAM-45).

2. What are the cost considerations of this project? Although the major concern of this question is usually not addressed until the third phase Summative Evaluation, information should be collected from the project during each year of the project. The main pupose for collecting cost information is to relay the information to potential replication sites and funding sources past the third year activities.

3. What impact has the SAM Project had on severely handicapped children served?

While the basic unit of analysis in the evaluation was the project level, the evaluation also attempted to evaluate the impact upon the children being served (student progress). Student pre-post test data and program evaluation data collected annually from parents was used to answer this question.

The project staff should also be interested in the question: What impact has the project had on services for severely handicapped children within the target area?

Although this question was not formally stated in the evaluation design, it was a matter of interest and concern to the staff and is addressed in this report under Agency Cooperation and Coordination.

EXHIBIT 4
OUTCOME EVALUATION PLAN

	MEASUREMENT INSTRUMENTS			DATA COLLECTION PROCEDURES		
PERFORMANCE OBJECTIVE	Name/Type of Instrument	Date Instrument to be Completed	Baseline Data	Target Group	Scheduled Date(s)	Person Responsible

107

EXHIBIT 5

PROCESS EVALUATION PLAN

Period Ending ______________________ Person Submitting Reprot ______________________

ACTIVITY	DATE SCHEDULED	ACTUAL DATE	PLANNED EVIDENCE	ACTUAL EVIDENCE	REASONS FOR DISCREPANCIES

EXHIBIT 6

PROJECTED QUARTERLY ACTIVITY REPORT

ACTIVITY	DATE OF COMPLETION	PERSON(S) RESPONSIBLE

CHAPTER IX

AGENCY COOPERATION AND COORDINATION

AGENCY COOPERATION AND COORDINATION

Many communities or regions have established interagency task forces or advisory committees for the purpose of coordinating the planning, development, and delivery of services. These interagency groups often represent the entire child and adult service delivery system. They provide a means for agencies to communicate systematically with one another concerning specific children and families, gaps in services, and local financing problems. With activities and careful planning, these groups can be potent forces in affecting political decisions related to funding, responsibilities for services, and eligibility for services.

The SAM Project had access to a similar group, the Special Education Advisory Council, Education Service Center Region XIII. This group provided auxiliary services; support planning for project services; and assistance with dissemination.

If such a task force does not exist in a project's area, the development of such a group would be a reasonable task. Here again, the key is initiative and persistence. A luncheon meeting preceded by a personal telephone call, a confirmation letter, and reminder memo is a simple but effective way to get things rolling.

There are many ways to support agency cooperation. A project may elect to approach one or two state or local agencies for action. The project should become well versed in the resources and constraints of the agency from whom support is to be requested. The agency may have legal constraints which prohibit certain support services. Financial constraints can also restrict certain services.

A project should be able and willing to support other agencies in their tasks. For example, if a local health department is mandated to carry out community screening but doesn't have the staff to do so, the project could volunteer to assist and make a friend for life. When a project gets to the point of having other agencies asking for help, agency coordination is underway.

Joint staff meetings are excellent ways to encourage interagency communication and coordination of services. Representatives from area agencies who have knowledge of child or family or have potential resources to offer should be regularly invited and encouraged to attend project staff meetings.

Extensive efforts were made to coordinate project activities with activities of other ongoing programs. The following coordination activities were conducted by the SAM staff.

*When local school districts integrated project students back into their system, the receiving teachers visited the project to observe the teachers and children.

*The project cooperated with college and university teacher education programs by providing practicum experiences for prospective special education teachers, occupational therapist, and physical therapist.

*Volunteers from various community agencies were used in various project activities.

- The project staff participated in the University of Texas Buddy Program. This is a program where prospective special education teachers have an opportunity to have observational and direct experiences with a handicapped child.
- The project staff worked with the State Department of Human Resources to provide needed help to students and their parents.
- Project staff members participated in local education agency Screening Committee Meetings, Placement Committee Meetings, and Admission, Review and Dismissal Committee Meetings held at the child's home school.
- 110 project brochures were distributed to project directors and other participants during the Washington Workshop.
- 122 project brochures were distributed to local school districts in the ten county area served by SAM, state education agencies and community centers.
- 478 individuals from other agencies and organizations visited the project site. All visitors were briefed on program goals and objectives.
- 154 meetings and conferences were held with LEA personnel
- 89 meetings and conferences were held with state agency personnel
- 300 meetings and conferences were held with other agency/organization personnel
- 16 meetings and conferences were held with BEH personnel

- *383 telephone contacts with LEA personnel
- * 256 telephone contacts with state agency personnel
- * 92 telephone contacts with BEH personnel
- * 891 pieces of correspondence was generated regarding the project.
- * 568 copies of the project brochure were distributed to agencies, organization and the general public. Additionally, project brochures were placed in the waiting room area of the Center continuously throughout the three years of the program. Capital Area Rehabilitation Center Social Services department distributed project brochures to all clients and referrals each program year.

Regional Impact

Regional impact may range from the development of enabling legislation for services to children and increasing funding levels to designating the project "a model," and generally upgrading services through the development of standards.

In attempting to have an impact on a broad area, a project must carefully assess resources in terms of staff and time, the quality of the demonstration site, and the staff's commitment and willingness to undertake the task. A good deal of political know-how will be required. Get help on "what to say" and "to whom." Find out "who pulls what strings." Learn "who really gets things done." The obvious target may not be the most effective. The smiling and gracious First Lady of a state may be able to get more done than the Director of Special Education.

A project may be called upon to serve as a member or consultant to state advisory councils or task forces. This is a prime opportunity to help in the identification of needs, recommend viable delivery systems, limit constraints interfering with comprehensive services, and lobby for increased or amended funding and legislation. The project director may have to exert a great deal of energy in making his project known. Invitations may be issued inviting the council members to visit the project site.

Always be prepared to show and document-succinctly, clearly, and enthusiastically-your activities and results. It would be tremendous asset to have local politicians, school officials, and parents available to welcome and endorse your efforts. The board of directors or project advisory council can be most effective in demonstrating community support for the project.

Teacher training programs can be influenced through project efforts. Training guides, audiovisual presentations, practicum sites, and material packets are doubly powerful if they are packaged and ready to go when requested.

State Impact

With proper groundwork, the project can provide input for developing state planning for handicapped children, improving the quality of programs, designing program guidelines, and testifying in behalf of children's needs. The SAM Project has been reviewed by the Texas Education Agency and validated as an outstanding program for severely handicapped, orthopedically impaired children. Information about the project will be dessimniated statewide through the state dissemination network.

Summary

As a result of persistent efforts and a quality program, the SAM Project has become a vital and important catalyst and resource in the development of services to children. Children who previously were ignored, denied, or forgotten are receiving services in their home school districts as a result of a concentrated comprehensive program at the SAM site.

CHAPTER X

PHYSICAL SPACE

The School Age Multihandicapped Project is housed at the Capital Area Rehabilitation Center, a private non-profit organization located in a quiet residential area convenient to the center of town, shopping and medical facilities. The actual building is a large rambling wood structure which was previously a private residence. The atmosphere is home-like with a fenced recreation area with sand, play equipment, and grass. A child-size playhouse and a greenhouse add extra interest for children. Children play T-ball on the lawn and ride bikes and pull wagons down the sidewalks.

The waiting room and halls contain wall murals and displays of student work and confortable chairs and sofas are provided for parents. Parents may observe their child through a one-way glass in the observation room or participate in activities in the child's classroom. Classrooms are divided into areas for group or individual work and contain shelves where instructional materials are stored. Many windows in each classroom provide sunlight and an observation of the outside world. Drapes or blinds are drawn when quiet time is observed. Floor space in each classroom combines carpet with tile for training purposes. One therapist may provide therapy in the classroom on the carpet while another therapist is teaching a child how to use his crutches on the tile floor.

The two bathrooms are large and have been remodeled to accomodate wheelchairs. A shower stall is available in one bathroom for use with children. Changing tables have been designed to adult height for changing diapers. Storage cabinets line the bathroom walls and are utilized for clothing, towels and other supplies.

The space allotted the SAM Project included two classrooms approximately 30 feet by 20 feet, an office, an observation room and physical, occupational, and speech therapy areas for individual or group therapy. Restrooms, cafeteria, and gymnasium, including an indoor heated pool, were shared with other persons and programs at the Center.

CHAPTER XI

APPENDICES

APPENDIX A

SELECTED INSTRUCTIONAL MATERIALS LIST

INSTRUCTIONAL MATERIALS

	Approx. Cost
Portable Classroom Phone	$ 124.95
Toilet Trainer	2.50
Scoop Dishes	5.25
Diameter Pads	5.85
Toilet Ring	2.50
Offset Spoon	3.50
Crumb Catcher Bibs	6.50
Adjusting Swivel Soup Spoon	4.35
Adjusting Swivel Teaspoon	4.35
Plastisol Coated Youthspoon	1.25
Busy Beezer	6.97
Play Family Lift and Load Depot	12.86
Disy Musical Busy Box	7.97
Socker Bopper	1.97
Wood Puzzle, SuperMan	2.63
Wood Puzzle, 3 Bears	2.63
Wood Puzzle, Sesame Street Yummy	2.63
Wood Puzzle, Peanuts	2.63
Wood Puzzle, Disney Dopey	2.63
Wood Puzzle, 3 Little Pigs	2.63
Wood Puzzle, My Toys	2.63

Instructional Materials (Con't)

Wood Puzzle, Favorite Fruits	$ 2.63
Wood Puzzle, Busy Faces	5.97
Tuff Stuff ABC Blocks	5.97
Chatter Telephone	3.76
Shape Sorter	5.78
Touch N See Baby Toy	2.27
Tuff Stuff 1, 2, 3 Blocks	4.48
Big Bird Hand Puppet	4.47
Cobbler's Bench	2.97
See N' Say	7.44
Cootie Play & Learn Clock	1.44
Bert Hand Puppet	5.97
Nerfoop	2.58
Scratch & Sniff Book	2.97
Nerf Indoor Ball	1.18
Corning Ware	27.84
Bowl Scraper	.53
Kitchen Spoon	.67
Measuring Spoon Set	.63
Laundry Basket	1.67
Refuse Container	8.96
Kitchen Towels	1.76
Timer (60 Min)	6.99
Shelves	14.50

Instructional Materials (Con't)

Pupils Desks	$ 19.25 Ea.
Chairs	9.50 Ea.
Table	48.85
Chalk Eraser	1.15
Chalk Board	23.95
Bulletin Board	11.85
Fire Extinguisher	25.50
Bean Bag Chairs	14.88 Ea.
Puzzle Task Cards/Task Master	3.95
Stack Sunshine Series	2.35 Ea.
Animal Puzzles	5.00
Color Inch Cubes Designs	4.25
Association Picture Cards I	1.40
Sequence Picture Cards I	1.40
Clear Stencils	7.00
Motor Express Cards I	1.40
Sorting Box & Accessories	25.00
Large Body Puzzle	5.50
Sort & Group Tray	3.00 Ea.
Visual/Discrimination Flip Bk I - Pictures	1.75
Visual/Discrimination Flip Bk II - Shapes	1.75
Action Symbols	2.00
Easy Grip Scissors	5.00 Ea.
Got to Be Me - 48 Cards	14.00

Instructional Materials (Con't)

Science Sequence Cards	$ 4.95
Nature Calendar Frieze	9.95
Fokes Sentence Builder	45.00
D.A.S.I.	63.00
Binders	11.70
Cubical Counting Blocks	7.60
Numberite	6.12
Proportion Blocks	12.00
Stacking Cups	3.96
Puzzles	2.56 Ea.
Easy Grip Pegs	13.00
Mat	9.00
Preschool Lego	5.44
Large Rok-a-Stack	2.97
Snap Lock Beads	1.88
Tapewriter Kit	16.95
Rulers	.65 Ea.
Magnetic Paper Clip Holders	2.00 Ea.
Clip Boards	1.60 Ea.
Ring Binders	2.80 Ea.
Seth Thomas Clock	17.95
Stapler	8.95
Pencil Sharpener	8.85

Instructional Materials (Con't)

Blender	$ 19.97
Mixer	9.93
Electric Skillet	29.97
Mixing Bowls	6.96
Corn Popper	9.82
Toaster	10.92
Rocking Chair	34.88
Brigante Diagnostic Inventory of Early Development	49.95
Inventory of Basic Skills	44.95
Bayley Scales	120.43
Peabody Rebus	41.58
Urinal	22.00

APPENDIX B

SELECTED PUBLICATIONS

DIAGNOSTICS

Arizona Articulation Proficiency Scale & Protocol
Booklet (1970) by Janet Barker Fudala
Cost: $28.50
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, California 90025

Bangs' Birth-To-Three Scale by Tina Bangs and Susan
Dodson-Garrett
Cost: $5.00
The University of Texas Health Science Center
at Houston
Speech & Hearing Inst.
1343 Moursund Avenue
Texas Medical Center
Houston, Texas 78705

Bangs' Vocabulary Comprehension Scales by Tina Bangs
(1975)
Cost: $34.95
Learning Concepts
2501 N. Lamar
Austin, Texas 78705

Bayley Scales of Infant Development (1969) by
Nancy Bayley
Cost: $17.85
The Psychological Corporation
304 E. 45th Street
New York, New York 10017

BCP (Behavioral Characteristics Progression) Booklet,
Charts & Procedure (1973)
Developed by: The Office of the Santa Cruz County
Superintendent of Schools
Cost: $17.85
VORT Corporation
P.O. Box 11132
Palo Alto, California 94306

DIAGNOSTICS-(continued)

Callier-Azusa Scale (1976) by Robert Stillman, (Editor)
The University of Texas at Dallas
Callier Center for Communication Disorders
1966 Inwood Road
Dallas, Texas 75235

CIP (Comprehensive Identification Process) (1975) by
Reid Zehrbach
Cost: $59.95
Scholastic Testing Service, Inc.
480 Meyer Road
Bensenville, Illinois 60106

Comprehensive Development Evaluation Chart to be used with infants and young children and Manual (1975)
By Shirley Cliff, Diane Carr, Jenifer Gray, Carol Nymann and Sandra Redding
Cost: $35.00
El Paso Rehabilitation Center
2630 Richmond
El Paso, Texas 79930

Denver Development Scales Test (Manual, Screening Kit and Score Pads) (1970) by William K. Frankenburg, Josiah B. Dodds and Alma W. Fandal
Cost: $11.25
LADOCA
Project & Publishing Foundation
East 51st Ave. & Lincoln
Denver, Colorado 80216

Developmental Evaluation Scale (DISD) (1973) by
Project Zero Reject, Dallas County MHMR Center
Training & Training Materials
Provided by: Texas Regional Resource Center
Southwest Educational Development Lab.
211 East 7th
Austin, Texas

DIAGNOSTICS-(continued)

Einstein's Scales of Sensor-Motor Development
by Albert Einstein College of Medicine
Staff of Child Development Project
Department of Psychiatry
Albert Einstein College of Medicine
Bronx, New York

Mecham's Verbal Language Development Scale
(1971) by Merlin J. Mecham
Cost: $1.00
American Guidance Service, Inc.
Publisher's Building
Circle Pines, MN 55014

Minnesota Preschool Scale (1940)
Cost: $43.00
American Guidance Service, Inc.
Publisher's Building
Circle Pines, MN 55014

Peabody Developmental Motor Scales (1974) by
Rhonda Folio and Rebecca F. DuBose
Cost: Scale - $ .75
Score Sheet $ .05
IMRID Publications
George Peabody College for Teachers
Box 154
Nashville, Tennessee 37203

Portage Guide to Early Education (1975)
by The Portage Project
Cost: $32.00
Cooperative Educational Service
Agency 12
412 East Slifer Street
P.O. Box 564
Portage, WI 53901

Preschool Attainment Record (1966) by Edgar A. Doll
American Guidance Service, Inc.
Publisher's Building
Circle Pines, MN 55014

DIAGNOSTICS-(continued)

Procedure Guide for Evaluation of Speech and Language Disorders in Children (1972) by Lois Joan Sanders
Cost: $3.95
Interstate Printers & Publishers
Jackson at Van Buren
Danville, FL 61832

REEL - Bzoch League Receptive-Expressive Emergent Language Scale (1971) by Kenneth R. Bzoch and Richard League
Cost: $14.50
Anhinger Press
P. O. Box 13501
Gainesville, FL 32604

UTLD - Utah Test of Language Development (1967) by Merlin J. Mecham, J. Lorin Jex and J. Dean Jones
Cost: $20.00
Communication Research Association, Inc.
P. O. Box 11012
Salt Lake City, UT 84111

CURRICULUM

An Individualized Curriculum Guide by Elena Cano and Barbara S. Schnidt
Early Childhood Education Program for the Handicappped
Edgewood Independent School District
San Antonio, Texas

Curriculum Guide: Hearing Impaired Children, Birth to Three Years, and Their Parents (1972) by Winifred H. Northcott, Ph.D
Cost: $6.50
Alexander Graham Bell Association for the Deaf, Inc.
3417 Volta Place, N.W.
Washington D.C. 20007

Developmental Pinpoints by Pamela Gross and Marilyn Cohen
Experimental Education Unit
Child Development and Mental Retardation Center
University of Washington
Seattle, Washington 98195

Home Stimulation for the Young Developmentally Disabled Child
Commonwealth Mental Health Foundation
4 Marlboro Road
Lexington, Massachusetts 02173

Mothers Can Help...A Therapist's Guide for Formulating A Developmental Text For Parents Of Special Children (1974) by Shirley Cliff, Jennifer Gray and Carol Nymann
El Paso Rehabilitation Center
2530 Richmond
El Paso, Texas 79930

Mother's Guide to Early Learning (1973) by Earladeen D. Badger
McGraw-Hill Early Learning
The Instructo Corporation
Paoli, Pennsylvania 19301

Parents Can Be Teachers Too by Mary D. Laney
Parent Tape Training Program
A Model Program for Early Education of Handicapped Children
Coastal Center
Ladson, South Carolina

CURRICULUM (continued)

Parent-Child Class, A Model by Tina Bangs, Ph.D and Elaine Punch, M.A.
The University of Texas Health Science Center at Houston
Speech and Hearing Institute
1343 Moursund
Houston, Texas 77025

Parent Counseling and Infant Stimulation
Cost: $3.00
Mountain-Plains Regional Center for Services to Deaf-Blind Children
1346 Lincoln Street
Denver, Colorado 80203

Parent-Infant Communication A Program of Clinical and Home Training for Parents and Hearing Impaired Infants by Valerie Sitnick, Nancy Rushmer and Roberta Arpan
Dormac, Inc.
P. O. Box 752
Beaverton, Oregon 97005

Promoting Infant Development A Guide for Working With Parents by Martha Foster
Training Program for Home Intervention
DARCEE
John F. Kennedy Center for Research on Education and Human Development
George Peabody College for Teachers
Nashville, Tennessee 37203

Stimulation Activities Guide for Children From Birth to 5 Years by Krajicek, Turner, Carnes and Borthick
The John F. Kennedy Child Development Center at the University of Colorado Medical Center
4200 E. Ninth Avenue
Denver, Colorado 80220

Tuning In To Your Child by Betty Rowen (1975)
Humanics Associates
Atlanta, Georgia

REFERENCE BOOKS

Applied Audiometry (1966) by John J. O'Neill and
Herbert J. Oyer
Cost: $10.75
Dodd, Mead & Company, Inc.
New York, New York

Central Processing Dysfunctions In Children: A Review of Research (NINDS Monograph #9) (1969) by James C. Chalfant and Margaret A. Scheffelin
Information Office
National Institute of Neurological Diseases and Stroke
Public Health Service
National Institute of Health
U.S. Department of Health, Education & Welfare
Bethesda, Maryland 20014

Child Psychology, Behavior and Development (1965)
by Ronald C. Johnson and Gene R. Medinnus
John Wiley and Sons, Inc.
New York, New York

Clinical Teaching - Methods of Instruction for the Retarded (1968) by Robert M. Smith
McGraw-Hill Book Company
New York, New York

Correction of Defective Consonant Sounds (1954) by
Elizabeth McGinley Nemoy and Serena Toley Davis
Expression Company Publishers
Magnolia, Massachusetts

Determining Costs of Speech and Hearing Services
Cost: $3.00
American Speech and Hearing Association
9030 Old Georgetown Road
Washington D.C. 20014

Educating Exceptional Children (1962) by Samuel A. Kirk
Houghton-Mifflin Company
Boston, Massachusetts

REFERENCE BOOKS (continued)

Educational Interpretation of the Wechsler Intelligence Scale for Children (WISC) (1969) by William E. Ferinden, Jr. and Sherman Jacobson
Remediation Associates
Box #318
Linden, New Jersey 07036

Handbook of Speech Pathology (1957) by Lee Edward Travis, Editor
Appleton-Century-Crofts, Inc.
New York

Handbook of Speech Pathology and Audiology (1971)
Editor, Lee Edward Travis
Appleton-Century-Crofts
Educational Division
Meredith Corporation
440 Park Avenue South
New York, New York 10016

The Evolution and Growth of Human Behavior (1965) by
Norman L. Munn
Houghton-Mifflin Company
Boston, Massachusetts

The Improvement of Voice and Diction (1965) by
Jon Eisenson
The MacMillan Company
New York

Introduction to Exceptional Children (1959) by
Harry J. Baker, Ph.D
The MacMillan Company
New York, New York

Language Disorders of Children: The Bases and Diagnoses
(1969) by Mildred Freburg Berry
Appleton-Century-Crofts
Educational Division
Meredith Corporation
440 Park Avenue South
New York, New York 10016

REFERENCE BOOKS (continued)

Minimal Cerebral Dysfunction Diagnosis, Management and Remediation by Ferinden and Van Handel (1971)
Remediation Associates, Inc.
Box 318
Linden, New Jersey 07036

Personality Dynamics and Mental Health (1965) by
Alexander A. Schneiders
Holt, Renehart, and Winston, Inc.
New York, New York

Reflex Testing Methods for Evaluating C.N.S. Development (1963) by Mary R. Tiorentino, O.T.R.
Charles C. Thomas
Bannerstone House
301-327 East Laurence Avenue
Springfield, Illinois

Speech Correction In The Schools (1963) by
Jon Eisenson and Mardel Ogilvie
The MacMillan Company
New York

Speech Correction - Principles and Methods (1965)
By Charles Van Riper
Prentice-Hall, Inc.
Englewood CLiffs, New Jersey

Speech Disorders - Principles and Practices of Therapy (1956) by Mildred Berry and Jon Eisenson
Appleton-Century-Crofts
New York

Speech Pathology An Applied Behavioral Science (1971)
by William H. Perkins, Ph.D
C. V. Mosley Company
Saint Louis

Stuttering: Therapy for Children (1964)
by Harold L. Luper and Robert L. Mulder
Prentice-Hall, Inc.
Englewood Cliffs, New Jersey

REFERENCE BOOKS (continued)

The Teaching of Speech by G. Sibley Haycock
Alexander Graham Bell Association for the Deaf, Inc.
The Volta Bureau
Washington D.C. 20007

Visual Communication for the Hard of Hearing: History, Research, and Methods (1961) by
John J. O'Neill and Herbert J. Oyer
Prentice-Hall, Inc.
Englewood Cliffs, New Jersey

Voice and Articulation (1958) by Van Riper Truin
Prentice-Hall, Inc.
Englewood Cliffs, New Jersey

Voice and Speech Disorders (1962)
Editor, Nathaniel M. Lurn, M.D.
Charles C. Thomas
Bannerstone House
301-327 East Laurence Avenue
Springfield, Illinois

The Voice and Voice Therapy (1971) by Daniel R. Boone
Prentice-Hall, Inc.
Englewood Cliffs, New Jersey

PROFESSIONAL BOOKS

An Introduction to Manual English
Prepared and Published by The Washington State School for the Deaf
Vancouver, Washington 98661

Assessment In Infancy, Ordinal Scales of Psychological Development
(1975) by Ina C. Uzgiris and J. McV. Hunt
CostL $10.00
University of Illinois
Urbana, Illinois

The Baby Exercise Book (1975) by Dr. Janine Levy
Cost: $3.95 (paper)
Pantheon Books
A Division of Random House
New York

Behavior Problems (Steps to Independence Series) by
Baker, Brightman, Heifetz & Murphy
Research Press
2612 N. Mattis Avenue
Champaign, Illinois 61820

Building Effective Home-School Relationships (1976) by
Ira J. Gordon, and William F. Breioogel
Allyn and Bacon, Inc.
470 Atlantic Avenue
Boston, Massachusetts 02210

Conference on Newborn Hearing Screening (1971)
Cost: $5.00
Alexander Graham Bell Association for the Deaf
3417 Volta Place, N. W.
Washington D.C. 20007

The Development and Psychometric Characteristics of the Revised Illinois Test of Psycholinguistic Abilities
(1969) by John N. Paraskevopoulos and Samuel A. Kirk
University of Illinois Press
Urbana, Illinois

PROFESSIONAL BOOKS (continued)

Developmental Disorders Assessment, Treatment, Education
(1976) Edited by Robert Johnston and Phyllis Magrab
Cost: $14.50
University Park Press
Chamber of Commerce Building
Baltimore, Maryland 21202

Early Education of the Mentally Retarded by Samuel A. Kirk
Cost: $6.00
University of Illinois Press
Urbana, Illinois

Educational Audiology for the Limited Hearing Infant
by Doreen Pollack (1970)
Cost: $10.75
Charles C. Thomas
301-327 E. Laurence Avenue
Springfield, Illinois

Handling the Young Cerebral Palsied Child at Home (1975)
by Nancie R. Finnie FCSP
Cost: $9.95
E. P. Button & Company, Inc.
201 Park Avenue South
New York, New York 10003

Identifying Handicapped Children for Child Development Programs (1977)
M. L. Hennon Edited by Katherine A. Hooper
Humanics Press
Atlanta, Georgia 30309

Intervention Strategies for High Risk Infants and Young Children (1976) by Theodore D. Tyossem
Cost: $24.50
University Park Press
Chamber of Commerce Building
Baltimore, Maryland 21202

PROFESSIONAL BOOKS (continued)

Language Intervention With the Retarded (1972) by
J.E. McLean, D. E. Yoder, R. L. Schiefelbusch
University Park Press
Chamber of Commerce Building
Baltimore, Maryland 21202

Language of the Mentally Retarded
Edited by Richard R. Schiefelbusch
University Park Press
Chamber of Commerce Building
Baltimore, Maryland 21202

Learning and Growing A Guide to Child Development
(1975) by Laurie and Joseph Braga
Cost: $2.95 (paper)
Prentice-Hall, Inc.
Englewood Cliffs, New Jersey

"Let Me Introduce Myself" by Legon, Barber & Williams
Cost: $7.95
Union College Character Research Project
207 State Street
Schenectady, New York 12305

Natural Language: A Clinician - Guided Program for
Parents of Language-Delayed Children (1974) by
John T. Hatten, Ph.D. and Peguetti W. Hatten, M.S.
Cost: $4.95
The Learning Business
Westlake Executive Center
790 Hampshire Road, Suite C
Westlake Village, California 91361
Order from:
Communication Skill Builders
817 E. Broadway
P. O. Box 6081
Tucson, Arizona 85733

The Pediatric Clinics of North America (1973) February,
1973, Volume 20, Number 1
Editor, Robert H. A. Haslam
Cost: $18.00/yearly
W.B. Saunders Company
West Washington Square
Philadelphia, Pennsylvania 19105

PROFESSIONAL BOOKS (continued)

Positive Classroom Performance Techniques for Changing Behavior (1971) by Patricia A. Gallagher
Love Publishing Company
Denver, Colorado 80222

Screening Pre-School Children Design and Implementation
By DeVoid, Hodson & Schubert
Cost: $2.95
Winston Prouty Center for Child Development, Inc.
#2 Oak Street
Grattleboro, Vermont

Studies in the Socialization of the Severly and Profoundly Retarded (1973)
Edited by Hanna Olechnowicz
Cost: No charge

Training Guide (Steps to Independence Series) by
Baker, Brightman, Heifetz, Murphy
Research Press
2612 N. Mattis Avenue
Champaign, Illinois 61820

Working With Families A Manual For Developmental Centers
by Cansler & Martin
Kaplan School Supply Corporation
600 Jonestown Road
Winston Salem, North Carolina 27103

ARTICLES

Auxter, David. "Motor Skill Development in the Profoundly Retarded." Training School Bulletin, LXVIII (May, 1971), pp. 5-9.

Clark, William, Jr., and Bennet, Annie. "Initiating a Recreation Program in Cottages for the Severely and Profoundly Retarded." Therapeutic Recreation Journal, III (3rd Quarter, 1969), pp. 20-24.

Cleland, Charles C., Swartz, Jon D., Chasey, William C. "The Role of Play, Games, and Toys in Recreation Programming for the Moderately and Profoundly Retarded." Therapeutic Recreation Journal, V (4th quarter, 1971), pp. 152-155.

Cudney, Shirley A., Schultz, Herbert F., Clark, William Jr., Postley, Douglass, Libro Antoinette C., Barto, Mary F., Hillman, William A., Jr. "Therapeutic Recreation for the Profoundly Retarded." Therapeutic Recreation Journal, III (3rd quarter, 1969), pp. 1, 42.

Hillman, William A. "Therapeutic Recreation with the Profoundly Retarded." Recreation for the Ill and Handicapped, X (April, 1966), pp. 10-11, 19-20.

Hollis, John H., Gorton, Chester E. "Training Severely and Profoundly Developmentally Retarded Children." Mental Retardation, V (August, 1967), pp. 20-24.

Ness, Richard A. "Micro-Pacing Track." Challenge, VIII (March-April, 1973), pp. 1, 4-5.

Ness, Richard A. "Weight Training for Severely Mentally Retarded Persons." Journal of Health, Physical Education, and Recreation, XLV (April, 1974), pp. 87-88.

Sistek, Harriet R. "An Experiment in Recreation with Profoundly Retarded." The Best of Challenge. Washington, D.C.: American Association for Health, Physical Education, and Recreation, 1971. pp. 146-148.

Webb, Ruth C. "Sensory-Motor Training of the Profoundly Retarded." American Journal of Mental Deficiency, LXXIV (September, 1969), p. 283.

UNPUBLISHED MATERIALS

Fait, Hollis F. ed. "Curriculum Guide for Teaching Physical Education to the Profoundly and Severely Retarded." mimeographed materials from Mansfield Training School, Mansfield Depot, Connecticut, 1969.

Ness, Richard. "The Standardization of the Basic Movement Performance Profile for Profoundly Retarded Institutionalized Residents." Unpublished Ed.D. dissertation, North Texas State University, 1974.

Ramey, Marsha. "Development of Materials for Professional Preparation in Physical Education for the Profoundly Mentally Retarded, " Unpublished M.A. thesis, Texas Woman's University, 1974.

APPENDIX C

Texas Education Agency

201 East Eleventh Street
Austin, Texas
78701

- STATE BOARD OF EDUCATION
- STATE COMMISSIONER OF EDUCATION
- STATE DEPARTMENT OF EDUCATION

July 25, 1980

Ms. Joye Schleffler
School Age Multihandicapped Project
Capitol Area Rehabilitation Project
919 West 28 1/2 Street
Austin, TX 78705

Dear Ms. Schleffler:

On behalf of the Statewide Steering Committee for Demonstration Programs for School Improvement (DPSI), a component of the Texas Diffusion Network, I am pleased to inform you that your program entitled School Age Multihandicapped Project has been validated and is being invited to join DPSI for a two-year term to end on June 1, 1981.

If you would like for this program to be a part of DPSI, please complete the enclosed participation agreement and return it as soon as possible.

The Steering Committee feels that your agreement to become a DPSI demonstration site will add significantly to the value of the Texas Diffusion Network for educators and schools throughout the state. More than 20,000 people have visited state-validated demonstration sites since this service was begun in 1972, and we anticipate increased interest in these exemplary programs during the next two years.

We want to thank you for your past cooperation. If you respond postively to this invitation, your program contact person will receive more detailed information along with a request for an up-to-date program description which will be used for dissemination.

Sincerely yours,

William J. Scannell

William J. Scannell, Program Director
Demonstration Programs for School Improvement
Division of Dissemination

"An Equal Opportunity Employer"

PARTICIPATION AGREEMENT

DEMONSTRATION PROGRAMS FOR SCHOOL IMPROVEMENT

TEXAS DIFFUSION NETWORK

Name of program School Age Multihandicapped Project

Name of campus(es) if a school district NA

Name of district, education service center,
or other agency Capital Area Rehabilitation Center, Austin, Texas

Name of superintendent, executive director, or
other chief administrator Joye A. Scheffler Joye A. Scheffler, Project Director
(signature)

The following points are included in the hope of increasing the effectiveness of the DPSI in bringing about change:

1. The program listed above will permit visitors to observe the specific location(s) named two or more times per month.. The visitors will schedule their visits ahead of time if desired.
2. A limit on the number of visitors can be set.
3. The agency will make at least one key staff member available to talk to visitors. Someone familiar with the program will be available to guide visitors.
4. The agency will develop a briefing to explain to visitors:
   - (a) The type of services offered and/or instruction being used, and special facets of it--objectives, procedures, materials, evaluation, etc.;
   - (b) How the program was developed and put into effect;
   - (c) How much money was required to start and operate the program.
5. The agency will develop a de-briefing for use after each visit. It would be most helpful to have one or more of the program staff present to answer questions. The person heading the de-briefing should:
   - (a) Answer questions;
   - (b) Provide information on what to do to implement a similar program;
   - (c) Provide the names of persons or organizations which can offer further help;
   - (d) Ask visitors to sign a register to be provided by the Texas Education Agency.
6. The agency will provide a brief description of the program, approximately 250 words long, to be used by the Texas Education Agency in dissemination. Instructions on writing the description will be mailed to the program contact person.
7. If invited, the agency will send a representative to a regional or state awareness conference to present the program.

At the end of the first year of the program's two-year term, a form on which to verify continued existence of the program in substantially the same form as initially validated and to certify the intent to continue as a demonstration site will be sent to the program contact person.

To be returned to William J. Scannell, Program Director, Division of Dissemination, Texas Education Agency, 201 East 11th Street, Austin, TX 78701.

Section II

IDENTIFICATION, ASSESSMENT AND PLACEMENT FORMS AND PROCEDURES TO ASSURE COMPLIANCE WITH P.L. 94-142 AND P.L. 93-112, SECTION 504

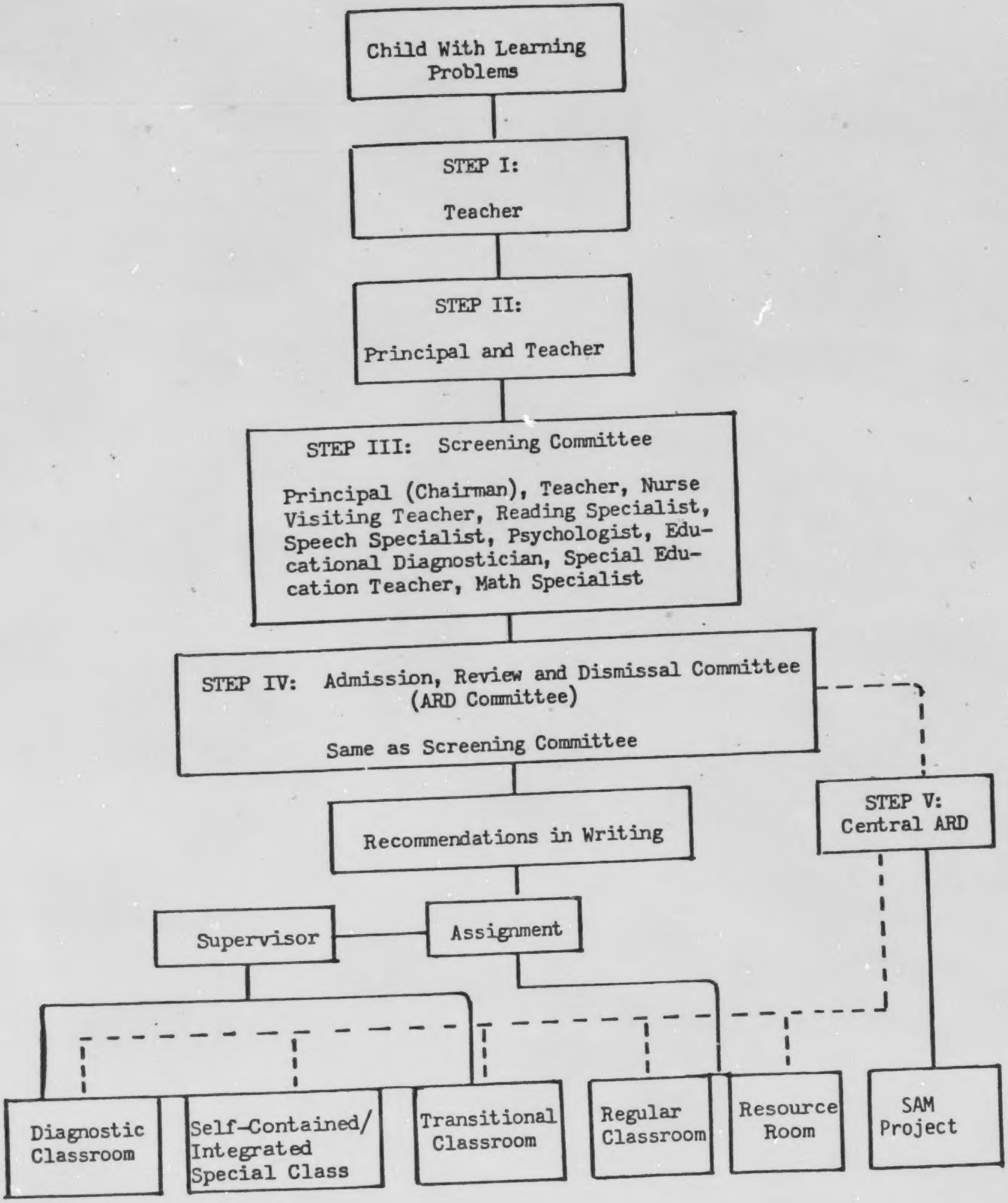
DESCRIPTION OF MANAGEMENT SYSTEM FORMS

The purpose of this manual is to provide examples of forms developed or modified by the School Age Multihandicapped Project. Public Law 94-142 was used as a guideline for development of the forms. The Texas Education Agency, Department of Education review the forms and rated them as very useful to local education agencies. However, local school districts may need to adapt these forms to fit their particular needs.

This section includes the following: (1) forms found useful during the identification and screening phase, (2) forms found useful during the individual assessment phase, (3) forms utilized during the placement phase, (4) miscellaneous forms, (5) examples of forms developed or modified by the SAM Project during the three year funding period and (6) appendices. Since many of the forms are self-explanatory no lengthy explanation has been made of their use. Figure 1 represents the appraisal process implemented at the LEA level prior to referral and placement in the SAM Project.

FIGURE 1

FLOW CHART HIGHLIGHTING APPRAISAL PROCESS
TARGET AREA SCHOOLS


Child With Learning Problems
STEP I:
Teacher
STEP II:
Principal and Teacher
STEP III: Screening Committee
Principal (Chairman), Teacher, Nurse Visiting Teacher, Reading Specialist, Speech Specialist, Psychologist, Educational Diagnostician, Special Education Teacher, Math Specialist
STEP IV: Admission, Review and Dismissal Committee (ARD Committee)
Same as Screening Committee
STEP V: Central ARD
Recommendations in Writing
Supervisor
Assignment
Diagnostic Classroom
Self-Contained/ Integrated Special Class
Transitional Classroom
Regular Classroom
Resource Room
SAM Project

IDENTIFICATION AND SCREENING

Rationale

Public Law 94-142 and Section 504 of the Rehabilitation Act of 1973, mandate that school districts provide a free appropriate public education to each handicapped child ages 3-21 years residing within their jurisdiction.

The identification and screening of children for special education services is the primary responsibility of the regular education program. Regular education must demonstrate that all alternatives have been used and/or considered before referring the child for special education services. It is the campus principal's responsibility to assume a leadership role in identifying and meeting the needs of all students assigned to his/her campus.

Regular education is charged with the responsibility to inform the public via mass media and publications of the right of every child to receive a free appropriate public education.

All children identified or located are referred to the campus principal for follow-up on the screening and the possible outcomes of screening procedures. Screening usually includes a Parent conference to collect sociological data, vision and hearing tests, a physical examination, if appropriate, and the gathering of educational data. At this point, the principal usually schedules a referral committee meeting and notifies the parents of the time and place of the meeting in order that they may choose to participate in this aspect of the educational planning process.

The function of the Referral Committee is to ensure that all regular education programs have been considered or will be explored before referring the child to special education. This includes documentation of the efforts of supplementary programs such as Title I reading and math, tutoring, special materials, adaptive equipment, special grouping, staff development and so on. When regular education has made every attempt to meet the child's needs and additional help is needed, then special education may be the next alternative.

The following system includes processes and forms which may be useful to local education agencies during the: (1) identification and screening phase, (2) assessment phase, and the (3) placement phase. Local school districts may need to adapt these forms to fit their particular needs.

IDENTIFICATION AND SCREENING PHASE

The appraisal process is, of course, an integral part of this phase. The following forms have been found useful during this phase:

Form Number	Form Name
24	Initial Contact/Referral Form
52	Special Education Contact Log
31	Notification of Screening Follow-Up
51	Social & Developmental History Form
63	Parent/Guardian/Client Consent for Capital Area Rehabilitation Center to Observe Client in Home/School/ Agency
56	Staff Observation Form
22	Independent School District Screening Report/Referral Form
7	Contact Log

INDIVIDUAL ASSESSMENT

Rationale

Public Law 94-142 established evaluation procedures for the protection of handicapped students and their parents. Throughout the individual assessment process, appropriate procedural safeguards must be observed. Written, prior notice of their rights must be given to the parents in the language they best understand and their permission must be obtained before any individual assessment is begun. Testing and evaluation materials selected and administered must not be culturally or racially biased. Tests must be administered in the child's demonstrated dominant language or other mode of communication.

Individual assessment is an on-going process to determine eligibility for special services and to provide for individual planning. Throughout the individual assessment process, appropriate procedural safeguards must be observed. Individual assessment instruments should be validated for the specific purpose for which they are used, selected and administered to ensure that what they propose to measure is being measured, and administered by appropriately trained, licensed or certified personnel. Since the assessment will be conducted by a multidisciplinary team, the data should be reported on individual summary sheets and attached to the testing instrument. This will facilitate the gathering of all necessary data for writing the Individual Educational Plan.

Information related to the student's socioeconomic and/or sociocultural background, physical, mental, and emotional conditions should be considered along with information gathered from formal and informal testing instruments to assess areas required by specific eligibility criteria.

A record of each child's referral for assessment and a tracking report of each child's progress through the assessment process will provide a means of coordination.

ASSESSMENT PHASE

Individual assessment involves the collecting and analyzing of information about the student in order to determine the student's physical, mental and/or emotional condition, educational performance level and identify specific competency levels and recommend instructional and related services needed.

The following forms have been found useful during this phase:

Form No.	Name of Form
59	Student Tracking Form
21	General Notice of Rights to Parent/ Guardian/Client
22	
8	Consent for Individual Study and/or Testing
20	General Medical Evaluation Request
26	Medical Examination

27	Medical Referral for Evaluation/Treatment by Capital Area Rehabilitation Center
2	Authorization for Capital Area Rehabilitation Center to Release Information/Records
9	Consent for the Request and/or Release of Records/Information
5	Client Medical Information Sheet and Emergency Medical Assistance Permission
49	Resume' of Assessment Data
*26	Notice to Parent/Guardian of Educational Planning Conference
*39	Parent/Guardian Response and appointment of Surrogate if unable to attend Educational Planning Conference
*37	Parent/Guardian Comment Whether Child Should Be In Attendance At Educational Planning Conference
28	Multidisciplianry Staffing Report

* These three forms are sent at the same time.

PLACEMENT

Rationale

Educational program placement in special education should always be preceded by an indepth assessment/evaluation of the student's abilities and needs. Program placement may include: 1) programs operated by the district; 2) programs operated cooperatively with other districts; 3) contracts with approved nonpublic schools; 4) schools under the operation by or under the supervision of other units of state government, 5) contracts with private residential schools in state or out of state.

It is the responsibility of the Admission/Review and Dismissal committee to place the student in the least restrictive setting based on information gathered for the student's IEP and his/her current educational performance. The members of the ARD committee must include at least three members, representing the areas of administration, instruction, and assessment (including at least one representative from special education); designated educational liaison; the student's parent/guardian; and the student when appropriate.

The least restrictive environment concept will determine the particular student's placement. Unless the IEP states otherwise, the student will be educated on the campus he/she would normally attend if not handicapped and educated to the fullest extent possible with non-handicapped students.

Each student's progress will be monitored quarterly; and placement will be reviewed at least annually. Changes or modifications in the student's IEP will occur as the student's needs change.

A student will be maintained in his/her current placement until another placement is agreed upon by the ARD committee unless the health or safety of the child or others is endangered.

The following forms have been found useful during the placement phase:

Form No.	Name of Form
38	Parent/Guardian Permission/ Refusal for Placement
23	Individual Education Program: Total Service Plan
36	Parent/Guardian/Client Permission for Transportation
47	Quarterly IEP Progress Report
48	Report of Admission/ Review and Dismissal Committee
44	Picture Release for Medical Records/ Publicity Purposes
40	Parent/Teacher Agreement
41	Permission for Therapeutic Services/Swimming Pool Release

MISCELLANEOUS FORMS

Other forms designed or modified by the SAM Project and found useful in the project include:

Form No.	Name of Form
1	Anecdotal Record -- completed daily on each student. Contains brief comments on child's health and any unusual or significant response to the program.
3	Behavior Date Sheet -- used to record problems in behavior in order to implement behavior modification program.
4	Certificate of Absence -- completed by project staff immediately after any absence from duty.
6	Confidentiality Safeguard Form -- used to record information on persons requesting access to student files.
10	Consultant Report -- record of consultant hours and fees.
11	Consultative Services Contract -- written agreement for consultative services.
12	Daily Classroom Schedule -- daily/ weekly record of classroom activities.
13	Daily Data Sheet -- used to record student performance.
14	Daily Record of Attendance -- written record of student attendance in class.
15	Daily Transportation Log -- written record of any problems encountered during transportation of the student to and from class e.g. seizures, etc.
16	Employee Time Report -- Daily written record of employee time for payroll purposes.

17	Equipment/Material Loan Form -- written record of instructional materials/equipment on loan to parents or other agencies.
18	Family Needs Assessment -- written record of family needs for use in scheduling parent training activities.
19	Field Trip Request/Release -- written permission from parent/guardian for student to participate in off-campus trips.
29	Notice of Re-Election for the School Year 19___ -- written notice of re-election to the staff for the coming year.
33	Non-Expendable Equipment Inventory -- written record capital equipment purchased. The title of this form may be changed to "Expendable Equipment Inventory" and the form used to keep a record of supplies and material purchased.
34	Outreach Contact Report -- written report of home visit.
35	Observation and Consultation Schedule--daily schedule used by consultants to the classroom. This form is used to indicate the date and time each therapist provides occupational, speech or physical therapy to each student.
42	Personnel Daily Schedule -- written record of staff members' schedule. Utilized to record teacher/aide time when less than 100% is spent in one classroom.
45	Program Evaluation, Form -- annual written parent evaluation of the educational/therapeutic program.

46	Project Visitor Information Form -- written record of visitors to the project.
50	Seizure Record -- written report of seizures
53	Staff Development Record -- individual record of yearly staff development activities. All staff training is recorded on this form.
54	Staff Employment Reference Letter -- example of an employment verification letter.
55	Staff Needs Assessment -- written record of staff training needs. Completed annually and used as the basis for staff training.
57	Staff/Parent Training Evaluation -- written evaluation of training provided through workshops, conference and so on.
58	Staff Performance Review -- written yearly evaluation of staff performance.
60	Toileting Schedule -- student toilet training schedule for classroom use.
61	Sample letters
62	Data Collection Form -- periodic evaluation of student performance.
63	Parent/Guardian/Client Consent for Capital Area Rehabilitation Center to observe client in Home/School/Agency -- parental permission for school personnel to observe and gather data on student.

LISTING OF FORMS DEVELOPED

NUMBER	TITLE
1.	Anecdotal Record
2.	Authorization for Capital Area Rehabilitation Center to Release Information/Records
3.	Behavior Data Sheet
4.	Certificate of Absence
5.	Client Medical Information Sheet and Emergency Medical Assistance Permission
6.	Confidentiality Safeguard Form
7.	Contact Log
8.	Consent for Individual Study and/or Testing
9.	Consent for the Request and/or Release of Records/Information
10.	Consultant Report
11.	Consultative Services Contract
12.	Daily Classroom Schedule
13.	Daily Data Sheet
14.	Daily Record of Attendance
15.	Daily Transportation Log
16.	Employee Time Report
17.	Equipment/Material Loan Form
18.	Family Needs Assessment
19.	Field Trip Request/Release
20.	General Medical Evaluation Request
21.	General Notice of Rights to Parent/ Guardian/Client

NUMBER	TITLE
22.	Independent School District Screening Report/ Referral Form
23.	Individual Education Program: Total Services Plan
24.	Initial Contact/Referral Form
25.	Least Restrictive Alternative Checklist
26.	Medical Examination
27.	Medical Referral for Evaluation/Treatment By Capital Area Rehabilitation Center
28.	Multidisciplinary Staffing Report
29.	Notice of Re-Election for the School Year 19__
30.	Notice to Parent/Guardian of Educational Planning Conference
31.	Notification of Screening Follow-Up
32.	Notification to Parents/Guardians of Annual Program Review (ARD Committee Meeting)
33.	Non-Expendable Equipment Inventory
34.	Outreach Contact Report
35.	Observation and Consultation Schedule
36.	Parent/Guardian/Client Permission for Transportation
37.	Parent/Guardian Comment Whether Child Should be in Attendance at Educational Planning Conference
38.	Parent/Guardian Permission/Refusal for Placement
39.	Parent/Guardian Response and Appointment of Surrogate if Unable to Attend Educational Planning Conference
40.	Parent/Teacher Agreement
41.	Permission for Therapeutic Services/Swimming Pool Release

NUMBER	TITLE
42.	Personnel Daily Schedule
43.	Physician's Request for Administration of Medication at School Building During School
44.	Picture Release for Medical Records/ Publicity Purposes
45.	Program Evaluation Form
46.	Project Visitor Information Form
47.	Quarterly IEP Progress Report
48.	Report of Admission, Review and Dismissal Committee
49.	Resumé of Assessment Data
50.	Seizure Record
51.	Social and Developmental History Form
52.	Special Education Contact Log
53.	Staff Development Record
54.	Staff Employment Reference Letter
55.	Staff Needs Assessment
56.	Staff Observation Form
57.	Staff/Parent Training Evaluation
58.	Staff Performance Review
59.	Student Tracking Form
60.	Toileting Schedule
61.	Sample Letters
62.	Data Collection Form
63.	Parent/Guardian/Client Consent for Capital Area Rehabilitation Center Observe Client in Home/School/Agency
64.	Forms Manual Rating Scale

FORMS DEVELOPED OR MODIFIED BY THE SCHOOL AGE MULTIHANDICAPPED PROJECT

SAM-1

School Age Multihandicapped Project
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

Name: ______________________

Week of: ______________________

ANECDOTAL RECORD

	Health	Rec.	Comments
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			

SAM-1

Name: ____________________ Week of: ____________________

	Health	Rec.	Comments
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 478-2581 CARC
476-4567 SAM Project

AUTHORIZATION FOR CAPITAL AREA REHABILITATION CENTER TO RELEASE INFORMATION/RECORDS

Re: ______________________________ D.O.B. ______________

To: Executive Director
Capital Area Rehabilitation Center
919 West 28 1/2 Street
Austin, TX 78705

This is authorization for you to send any medical, social, ophthalmological, audiological, psychological, therapeutic or educational information/records which may be required on the above named client to any school, agency or medical facility upon written request from that agency, if that request has been signed by the parent.

______________________________ ______________
(Signature of Parent/Guardian/Client) (Date)

______________________________ ______________
(Signature of Witness) (Date)

School Age Multihandicapped Project
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-3

BEHAVIOR DATA SHEET

Program: ___
Student: ___
Manager: ___

Code:

Session: ___
Date: ___
Time: ___

1. ___ ___
2. ___ ___
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4. ___ ___
5. ___ ___
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7. ___ ___
8. ___ ___
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18. ___ ___
9. ___ ___
20. ___ ___
1. ___ ___
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4. ___ ___
5. ___ ___
6. ___ ___
7. ___ ___
8. ___ ___
9. ___ ___
0. ___ ___

Session: ___
Date: ___
Time: ___

1. ___ ___
2. ___ ___
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30. ___ ___

Developed or modified by SAM Project, 919 West

Program: ______________________

Student: ______________________

Manager: ______________________

Code:

Session: ______________________

Date: ______________________

Time: ______________________

1. ___ ______________________
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28. ___ ______________________
29. ___ ______________________
30. ___ ______________________

Session: ______________________

Date: ______________________

Time: ______________________

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28. ___ ______________________
29. ___ ______________________
30. ___ ______________________

CAPITAL AREA REHABILITATION CENTER

CERTIFICATE OF ABSENCE

MPLOYEE NAME: ______________________

OCIAL SECURITY NUMBER: ______________________

YPE OF LEAVE REQUESTED:
___ sick leave; ___ annual leave; ___ emergency leave;
___ inservice or conference leave; ___ leave without pay

EGINNING DATE: (8:00 A.M.) __________ ENDING DATE: (4:30 P.M.) __________

OTAL: days absent ______ and/or hours absent ______

LARIFICATION OF REQUEST FOR LEAVE:

____

"OVER"

SAM-4

CAPITAL AREA REHABILITATION CENTER

CERTIFICATE OF ABSENCE

EMPLOYEE NAME: ______________________

SOCIAL SECURITY NUMBER: ______________________

TYPE OF LEAVE REQUESTED:
___ sick leave; ___ annual leave; ___ emergency leave;
___ inservice or conference leave; ___ leave without pay

BEGINNING DATE: (8:00 A.M.) __________ ENDING DATE: (4:30 P.M.) __________

TOTAL: days absent ______ and/or hours absent ______

CLARIFICATION OF REQUEST FOR LEAVE:

____

"OVER"

CAPITAL AREA REHABILITATION CENTER

CERTIFICATE OF ABSENCE

EMPLOYEE NAME: ______________________.

SOCIAL SECURITY NUMBER: ______________________

TYPE OF LEAVE REQUESTED:
___ sick leave; ___ annual leave; ___ emergency leave;
___ inservice or conference leave; ___ leave without pay

BEGINNING DATE: (8:00 A.M.) __________ ENDING DATE: (4:30 P.M.) __________

TOTAL: days absent ______ and/or hours absent ______

CLARIFICATION OF REQUEST FOR LEAVE:

____

"OVER"

CAPITAL AREA REHABILITATION CENTER

CERTIFICATE OF ABSENCE

EMPLOYEE NAME: ______________________

SOCIAL SECURITY NUMBER: ______________________

TYPE OF LEAVE REQUESTED:
___ sick leave; ___ annual leave; ___ emergency leave;
___ inservice or conference leave; ___ leave without pay

BEGINNING DATE: (8:00 A.M.) __________ ENDING DATE: (4:30 P.M.) __________

TOTAL: days absent ______ and/or hours absent ______

CLARIFICATION OF REQUEST FOR LEAVE:

____

"OVER"

Developed or modified by SAM Project, 919 West 28 1/2 Street, Austin, TX 78705

I hereby certify that the foregoing statement is true and correct.

Employee Signature ______ Date ______

Department Head Signature ______ Date ______ ☐ Approved

Department Head Signature ______ Date ______ ☐ Disapproved

Executive Director Signature ______ Date ______

* Each employee must submit sick leave application immediately upon returning to duty after any absence due to illness. For absences of more that 3 days, a written statement from the attending physician should be obtained which will be attached to this form.

Rev. 10/79

I hereby certify that the foregoing statement is true and correct.

Employee Signature ______ Date ______

Department Head Signature ______ Date ______ ☐ Approved

Department Head Signature ______ Date ______ ☐ Disapproved

Executive Director Signature ______ Date ______

* Each employee must submit sick leave application immediately upon returning to duty after any absence due to illness. For absences of more that 3 days, a written statement from the attending physician should be obtained which will be attached to this form.

Rev. 10/79

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Rev. 10/79

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Employee Signature ______ Date ______

Department Head Signature ______ Date ______ ☐ Approved

Department Head Signature ______ Date ______ ☐ Disapproved

Executive Director Signature ______ Date ______

* Each employee must submit sick leave application immediately upon returning to duty after any absence due to illness. For absences of more that 3 days, a written statement from the attending physician should be obtained which will be attached to this form.

Rev. 10/79

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 29 1/2 Street
Austin, TX 78705
Telephone: 478-2581 CARC
476-4567 SAM Project

SAM-5

CLIENT MEDICAL INFORMATION SHEET AND EMERGENCY MEDICAL ASSISTANCE PERMISSION

Date: ____________________

Name of Client: ________________________ Home ISD: ________________________ (If appropriate)

D.O.B. __________ Sex: ___ S.S. # ______________ Client # ______________

Name of Father: ________________________________ D.O.B. ______________
Last First Middle (Month/Day/Year)

Name of Mother: ________________________________ D.O.B. ______________
Last First Middle (Month/Day/Year)

Father Employed by: ________________________ Mother Employed by: ________________________

________________________ (Business Address) ________________________ (Business Address)

Job Title: ______________ (Father) Job Title: ______________ (Mother)

Home Address: ______________ (Father) Home Address: ______________ (Mother)

Home Phone: ________ / ________ (Father) (Mother) Business Phone: ________ / ________ (Father) (Mother)

Who to notify in case of emergency:

______________________ Phone: ______________ ______________ (Relationship)

______________________ Phone: ______________ ______________ (Relationship)

______________________ Phone: ______________ ______________ (Relationship)

Is client's health poor___; fair___; good___

Describe any physical limitations on client's activities: ________________________

____

Special problems:

Allergies: ____________, ____________, ____________, ____________,
____________, ____________, ____________, ____________

Seizure pattern: ______________, ______________, ______________

Special medical problems (shunt, etc.): ________________________

____

____

Medication (type and dosage): ________________________

____

I/we hereby grant permission for Capital Area Rehabilitation Center personnel to give first aid to ______________________________ without liability to Capital
(Name of Client)
Area Rehabilitation Center or the person rendering first aid.

In case of emergency and parent/guardian cannot be located, I/we hereby grant permission for Capital Area Rehabilitation Center personnel to transport ___________

_________________________ to ____,
(Name of Client) (Name of Physician)

_______________________________________ and/or ____________________________,
(Street, City) (Name of clinic/hospital)

_______________________________________ , without liability to Capital Area Rehabilitation Center or the person transporting client.
(Street, City)

Permission is hereby given for the above named physician and/or medical personnel at the above named clinic/hospital to treat my child in the event of accident or illness when I cannot be located.

____ ________________
Signature of Parent/Guardian/Client Date

____ ________________
Signature of Witness Date

PLACE THIS SHEET INSIDE EACH STUDENT'S INDIVIDUAL FOLDER IN THE CLASSROOM & IN THE MASTER FILE

CONFIDENTIALITY SAFEGUARD FORM

SAM-6

NAME OF CHILD ______________________________

DATE RECORD CHECKED OUT	NAME OF PERSON CHECKING OUT RECORD	PURPOSE	DATE RECORD RETURNED

OTE: The following staff by position have access on a regular basis to this child's folder. (1) Executive Director, (2) Project Director, (3) Educational Supervisor, (4) Program Director, (5) Social Service Personnel, (6) Nurse, (7) Teachers, (8) Occupational, Physical & Speech Therapists, (9) Teacher Aides, (10) Physicians, and (11) Clerical Staff.

Developed or Modified by SAM Project, 919 W. 28 1/2 Street, Austin, Texas 78705

School Age Multihandicapped Project
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-7

CONTACT LOG

Completed by:

Re: D.O.B.
Date: Reason:
Participants:
Summation:

Re: D.O.B.
Date: Reason:
Participants:
Summation:

Re: D.O.B.
Date: Reason:
Participants:
Summation:

Re: D.O.B.
Date: Reason:
Participants:
Summation:

Re: D.O.B.

Date: Reason:

Participants:

Summation:

Re: D.O.B.

Date: Reason:

Participants:

Summation:

Re: D.O.B.

Date: Reason:

Participants:

Summation:

Re: D.O.B.

Date: Reason:

Participants:

Summation:

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705

Telephone: 478-2581 CARC
476-4567 SAM Project

SAM-8

CONSENT FOR INDIVIDUAL STUDY AND/OR TESTING

I understand that ______________________________, __________________________,
(Client's Name) (Home ISD)
is being considered for a Comprehensive Evaluation.

Therefore, I understand and grant the following permissions:

1. Permission is granted to have the above named client evaluated using Comprehensive, Individual Assessments. I understand that these will measure the following areas: Language, Intellectual Functioning, Educational Functioning, Adaptive Behavior (a measure of social competence), Medical Factors, Emotional and Behavioral Factors which may affect learning and Pre-vocational and Vocational Skills. Such evaluations may include developmental, therapeutic (occupational, physical and speech therapy) and medical diagnostic interpretations such as neurological, ophthalmological and audiological evaluations. I understand that I have the right to review and request an interpretation of the results of these tests, as well as to examine and/or question any information, records, or data pertaining to the above named client. I understand that I have a right to request a hearing if I have complaints about the evaluation which cannot be resolved informally.

2. I understand that the evaluation will be conducted in the language(s) in which the client is best able to understand and speak. I feel that the client understands and speaks ______________________ best. However, I understand that he/she will be given an evaluation(s) to determine in which language(s) he/she has the best understanding and speaking ability.

3. I understand that when all diagnostic information has been gathered, Capital Area Rehabilitation Center personnel will meet with me to discuss findings and make recommendations concerning the most appropriate educational/therapeutic program for the client.

4. The parent/guardian/eligible student understands that granting of consent is voluntary and that they have the right to revoke their consent at any time.

___ I consent to the above. ________________________________ ____________
(Signature of Parent/Guardian/Client) (Date)

___ I do not consent to the above. ________________________________ ____________
(Signature of Parent/Guardian/Client) (Date)

________________________________ ____________
(Signature of Witness) (Date)

cc:

(over)

I have the following questions about the evaluation and would like to meet with school personnel to discuss them:

____

____

____________________	______________________________	__________________
(Home Phone Number)	(Parent/Guardian Signature)	(Date)

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705

Telephone: 478-2581 CARC
476-4567 SAM Project

SAM-9

CONSENT FOR THE REQUEST AND/OR RELEASE OF RECORDS/INFORMATION

_____ Permission Given (X)

Permission is granted for Capital Area Rehabilitation Center personnel to request relevant information concerning the above client from other schools/ agencies or medical facilities. I understand that the information received will be held in the strictest confidence and will be available only to professional personnel directly concerned with the client.

_____ Permission Given (X)

Permission is granted for the release of client information to other schools/ agencies or medical facilities upon written request.

Name of Client _____ D.O.B. _____ Home ISD _____

Mark items requested (X)

- ____ Official Administrative Record
- ____ Standardized Achievement Assessments and other Educational Data
- ____ Assessment(s) of Intelligence and Adaptive Behavior
- ____ Personality Assessment(s)
- ____ Audiological and Speech Evaluation
- ____ Vision Evaluation
- ____ Dominant Language Statement
- ____ Occupational Therapy Evaluation/Treatment Plan
- ____ Physical Therapy Evaluation/Treatment Plan
- ____ Staffing Conference Report
- ____ Teacher and Counselor Observations and Ratings
- ____ Record of Extracurricular Activities
- ____ Sociological Data
- ____ Health/Medical Data containing immunization records
- ____ Neurological
- ____ Educational Plan
- ____ Other/Specify: _____

(Signature of Parent/Guardian/Client) _____ (Date) _____ (Address) _____

(Signature of Witness) _____ (Date) _____

THIS REQUEST TO BE SENT TO:
(Releasing Agency)

Name
School/Agency/Medical Facility
Address
City
Zip Code Telephone

PLEASE RETURN INFORMATION/RECORDS TO:
(Requesting Agency)

Name
School/Agency/Medical Facility
Address
City
Zip Code Telephone

(over)

I do not give my permission for Capital Area Rehabilitation Center to request records/ information on the client.

______________________________ ______________
(Signature of Parent/Guardian/Client) (Date)

______________________________ ______________
(Signature of Witness) (Date)

I do not give my permission for the release of any of the client's records.

______________________________ ______________
(Signature of Parent/Guardian/Client) (Date)

______________________________ ______________
(Signature of Witness) (Date)

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-11

CONSULTATIVE SERVICES CONTRACT

This contract and agreement is made and entered into by and between Capital Area Rehabilitation Center, a private non-profit agency, referred to herein as "Agency", and ______________________ (Consultant) referred to herein as "Consultant". The parties have severally and collectively agreed and by the execution hereof are bound to the mutual obligations and to the performance and accomplishment of the tasks hereinafter described.

Consultant shall provide professional services, consultation and expertise to Agency for use and benefit of students/staff/parents served by the School Age Multihandicapped Project.

Agency shall pay to consultant the sum of ______________________. An additional payment to reimburse Consultant for travel and expenses computed at $ __________ per day for ______________ days is approved. The combined total of all payments shall in no event exceed the sum of $ ____
____.

All information, materials, or products developed pursuant to this contract will be the property of Agency, and Consultant shall not assert any claims at common law or in equity or establish any claim to statutory copyright in such materials.

Contract Period: ____

DESCRIPTION OF SERVICES:

This contract in all its particulars is subject to all Federal and Texas State laws, rules and administrative regulations pertaining to the contract project and any recourse to judicial action shall be in the Courts of the State of Texas to the exclusion of all other courts.

Continued contract is contingent upon continuation of BEH funding.

Signed: __________________________ (Consultant) Date: __________________________

Address: ______________________________________ Social Security No. __________

Approved and accepted on behalf of the ____
this ______________ day of ________________, 19 ____.

______________________________ (Project Director Signature)

Funds Encumbered ______________________
Date: ______________

School Age Multihandicapped Project
919 West 28 1/2 Street

SAM-12

Austin, TX 78705
Telephone: 476-4567

DAILY CLASSROOM SCHEDULE

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					

School Age Multihandicapped Project
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-13

DAILY DATA SHEET

Objective: ______________________ Manager: ______________________
Student: ______________________
Week of: ______________________

Scoring Criteria Key:
1 = Requires complete physical guidance (100% dependence).
2 = Requires much physical or verbal guidance (75% dependence).
3 = Requires slight physical, verbal or tactual guidance (50%).
4 = Requires slight verbal or tactual assistance (25% dependent).
5 = Requires no assistance (100% independence).

Dates:																				
	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
Materials used:	Trials:																			
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39.																				
40.																				

Dates:

Materials used:	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
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SAM-14

Teacher: ______________________ Date: ________________

DAILY RECORD OF ATTENDANCE

Name Number of Hours Absent

Developed or Modified by SAM Project, 919 West 28 1/2 St., Austin, TX 78705

Teacher: ______________________ Date: ________________

DAILY RECORD OF ATTENDANCE SAM-14

Name Number of Hours Absent

Developed or Modified by SAM Project, 919 West 28 1/2 St., Austin, TX 78705

Teacher: ______________________ Date: ________________

DAILY RECORD OF ATTENDANCE SAM-14

Name Number of Hours Absent

Developed or Modified by SAM Project, 919 West 28 1/2 St., Austin, TX 78705

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-15

DAILY TRANSPORTATION LOG

Driver: ______________________________ Date: ____________________

Monday

Name of Child	Comments

Tuesday

Name of Child	Comments

(see reverse side)

DAILY TRANSPORTATION LOG (continued)

Wednesday

Name of Child	Comments

Thursday

Name of Child	Comments

Friday

Name of Child	Comments

Capital Area Rehabilitation Center
919 West 28 1/2 Street
Austin, TX 78705

SAM-16
EMPLOYEE TIME REPORT

Telephone: 478-2581 CARC
476-4567 SAM Project

Employee Name: ______________ Month: ________ SS # ____________ Department: ____________

PART 1: TIME REPORT

*Cumulative Balance

		SAT	SUN	MON	TUE	WED	THUR	FRI	WORK WEEK TOTALS	COMP. TIME
Wk 1	(1) Regular Hours Worked									▨
	(2) Leave Taken									▨
	(3) Comp Time Worked & Taken									Total (1)
Wk 2	(1) Regular Hours Worked									* Cum. Bal.
	(2) Leave Taken									▨
	(3) Comp Time Worked & Taken									Total (2)
Wk 3	(1) Regular Hours Worked									* Cum. Bal.
	(2) Leave Taken									▨
	(3) Comp Time Worked & Taken									Total (3)
Wk 4	(1) Regular Hours Worked									* Cum. Bal.
	(2) Leave Taken									▨
	(3) Comp Time Worked & Taken									Total (4)
Wk 5	(1) Regular Hours Worked									* Cum. Bal.
	(2) Leave Taken									▨
	(3) Comp Time Worked & Taken									Total (5)
										* Cum. Bal.

INSTRUCTIONS

The workweek for CARC shall begin on Saturday at 12:01 a.m. (after midnight Friday), through midnight of the following Friday.

1. Record the number of regular hours & minutes worked, including holiday hours in Row (1) Regular Hours Worked.
2. Record leave taken on Row (2), Leave Taken. Code the leave according to the letter for the leave as indicated in Part 2 of the EMPLOYEE TIME REPORT.
3. Record Comp Time worked & taken on Row (3), Comp Time Worked & Taken. Comp Time taken is coded with the hours in parenthesis ( ).
4. The supervisor (or his designated representative), or the employee, who completes the time report accumulates weekly totals and performs calculations.

PART 2: LEAVE REPORT

	HRS	MIN		HRS	MIN
Sick Leave (S)			Emergency (E)		
Annual (A)			Other (O)		
Comp Time (C)			W/O Pay (N)		
			TOTAL LEAVE		

PART 3: SIGNATURES

Employee: ____________________ Date: ________
Dept. Head: ____________________ Date: ________
Exec. Dir: ____________________ Date: ________

193

191

Reason for Leaving: ____________________
Date: __________ Time: __________ Forwarding Address: ____________________ Rehire: ___Y ___N

6* 015 De ped mo ed SAM ject 19 28 ree ust TX 05

SAM-17

School Age Multihandicapped Project
919 West 28½ Street
Austin, TX 78705
Phone: 476-4567

EQUIPMENT/MATERIAL LOAN FORM

I/we acknowledge receipt of the following equipment/materials on a loan basis:

Signature of Parent/Client ____________________ Date ____________

All items must be returned to the SAM Project in good repair by June 30 of the current school year.

SAM staff person making loan: ____________________

Date items returned: ____________

SAM staff person receiving returned items: ____________________

School Age Multihandicapped Project
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-18

FAMILY NEEDS ASSESSMENT

I. Background

1. Last name: ____________ First name: ______________

2. Address: ____________ (Street) ______________ (city) (state) (zip code)

3. Home telephone number: ____________ Business number: ____________

4. Marital Status: ______________________ (Enter appropriate number)

(1) Married (3) Separated

(2) Divorced (4) Single

5. Employment Status: ______________________ (Enter appropriate number)

(1) full-time (3) volunteer

(2) part-time (4) unemployed

6. Education: (Give number of years completed)

____ High School; ____ College: ________ Other

7. Children in Family: ______________________ (Enter appropriate number)

(1) 1

(2) 2

(3) 3

(4) 4

(5) 5 or more

8. Number of children in family attending school: ______________ (Enter appropriate number)

(1) 1

(2) 2

(3) 3

(4) 4

(5) 5 or more

9. Length of time child has been receiving services at Capital Area Rehabilitation Center: ______________________ (Enter appropriate number)

(1) 1-2 months

(2) 3-6 months

(3) 9-12 months

(4) 1-2 years

(5) 2-3 years

(6) 3 years or more

10. Age of child receiving services at Capital Area Rehabilitation Center:

____
(Enter appropriate number)

(1) 0-2 years

(2) 3-5 years

(3) 6-8 years

(4) 9-12 years

(5) 13-18 years

(6) 19-21 years

11. How many Capital Area Rehabilitation Center parent meetings have you attended since January 1977? ____________________
(Enter appropriate number)

(1) 0

(2) 1-3

(3) 4-6

(4) 7-9

(5) 10+

12. What inservice formats or methods appeal to you most? ____/____/____
(Choose three)

(1) lectures

(2) informal meetings

(3) slide & cassette presentations

(4) consultation with specialists

(5) workshops

(6) consultation with School Age Multihandicapped Project staff

13. Which methods or approaches would you prefer at meetings? ________/________
(Choose two)

(1) audio-visual presentations

(2) lectures

(3) small discussion groups

(4) demonstrations

(5) other ____________________

14. Indicate types of speakers you would like for inservice training:

(1) appropriate state and community agency personnel

(2) staff of School Age Multihandicapped Project

(3) therapists

(4) noted speakers in the field

(5) medical and health personnel

(6) Independent School district personnel

(7) other __________________________

15. Do you feel you could give inservice training in specific areas?

____
(Enter appropriate number)

(1) yes

(2) no

16. If so, which topics? __________; ____________; ______________; ___________;

_______________; ______________

(See list of areas, pages ______, ______; topics __________; enter number(s) of appropriate topics.) If the topics listed do not cover your areas of expertise please write in the name of topics you would like to present.

II. Topics

Directions: Rank the top ten topics that you are most interested in having inservice training in this year. See this page and the following pages for topics and numbers. (Enter numbers only.)

1.______; 2.______; 3.______; 4.______; 5.______; 6.______; 7.______;

8.______; 9.______; 10.______

A. Overall Growth and Development

___ 1. Normal child development

___ 2. Child care

___ 3. Behavior management in the home

___ 4. Developmental scales and inventories used to assess the child's functioning level

___ 5. Understanding deficits, potential and developmental processes

___ 6. Other: ______________________________

B. Self-help Skills

___ 7. Toilet training

___ 8. Eating

___ 9. Dressing

___10. Hygiene (tooth brushing, bathing, deodrant, etc.)

___11. Other: ______________________________

C. Motor Development

___12. Gross motor (holding up head, rolling over, sitting up, etc.)

___13. Fine motor (holding spoon, etc.)

___14. Locomotion (walking, crawling, etc.)

___15. Mobility (independent movement around home/community)

___16. Other: ______________________________

D. Medical and/or Therapeutic Aspects

___17. Medical aspects of my child's involvement

___18. Orthopedic handicaps and their significance, handicapping effect and the restrictions

___19. Dental care

___20. Proper nutrition

___21. The role of the occupational therapist

___22. The role of the physical therapist

___23. Other: ______________________________

E. Vision and Visual Perception

___24. Vision and diseases of the eye

___25. Visual development in the child with low vision

___26. The role of the ophthalmologist in the diagnosis and evaluation of visually impaired children

___27. The use of low vision aids

___28. Other: ____________________

F. Hearing and Auditory Perception

___29. The role of the audiologist in the diagnosis and evaluation of hearing impaired children

___30. Hearing disorders, hearing testing and the proper selection, care and maintenance of hearing aids

___31. Auditory training for the child with hearing problems

___32. Other: ____________________

G. Speech and Language

___33. Speech and language development and assessment techniques

___34. The role of the speech pathologist

___35. Other: ____________________

H. Family Attitudes

___36. Parents' attitude toward handicapped child

___37. Brothers' and sisters' attitude toward handicapped child

___38. How to cope with the emotional stress of having a handicapped child

___39. Counseling on specific problems with your child

___40. How to cope with a slow learner

___41. Other: ____________________

I. Community Resources

___42. Information on schools

___43. Information on agencies to help you or your child

___44. Medical resources and how to use them

___45. Vocational information

___46. Other: ____________________

J. Legislation and Legal Information

___47. Federal legislation

___48. State legislation

___49. Legal information on wills, trust funds, etc.

___50. Other: ____________________

X. General

___51. Overview of Capital Area Rehabilitation Center services
___52. Overview of School Age Multihandicapped Project services
___53. Admission, Review and Dismissal committee participation
___54. Developing Individual Education Programs
___55. Other: ____

III. Areas of Active Participation (parents/surrogate parents, siblings, etc.)

Directions: Rank the areas that you can participate in this school year. (Enter numbers only.)

(1) _____; (2) _____; (3) _____; (4) _____

1. Transportation of children to school
2. Volunteer in classroom
3. Orientation for new parents
4. Tutor-companion for child in classroom
5. Fund raising for the SAM Project
6. Construction of teaching materials
7. Speaker at community meetings
8. Telephone committee
9. Office helper
10. Lunchtime helper
11. Babysitting during meetings
12. Other: ____

CAPITAL AREA REHABILITATION CENTER
School Age Multihandicapped Project
919 West 28½ Street
Austin, TX 78705
Telephone: 476-4567

SAM-19

FIELD TRIP REQUEST/RELEASE

Dear .

In order to meet the goals and objectives of ______________________ Individual Education Plan, one neighborhood walk will be taken each week. This outing has been recommended as a necessary activity for the SAM program by the occupational, physical and speech therapists that work directly with your child.

These outings are being scheduled to meet the following goals:

1. To provide visual, auditory, olfactory, vestibular and tactile stimulation.
2. To develop gross motor skills.
3. To gain concrete language input.
4. To develop appropriate social behavior.

____
Joye A. Scheffler, Director
SAM Project

____
Signature of SAM Teacher

- -

In order for your child to participate in these activities, please sign and return immediately.

I, ______________________, as parent/guardian of the above named child, have carefully read the above information and understand the outlined purposes of the above mentioned weekly scheduled field trips. I hereby give my consent and permission for him/her to travel by private car, CARC van and/or walk in order to participate in the activities. I agree that I will not hold the Center, SAM Project or its staff responsible in case of accident or illness occurring during the field trip.

____
Signature of Parent/Guradian

____
Date

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 478-2581 CARC
476-4567 SAM

SAM-20

GENERAL MEDICAL EVALUATION REQUEST

Date: ____________________

TO: ________________________
(Name of Physician)

ADDRESS: ____
(Street) (City) (Zip Code)

It is the policy of this Center to require a medical recommendation prior to evaluation and/or treatment by members of the Center staff. ______________________________ (Name of Client) has been referred to Capital Area Rehabilitation Center for:

___ evaluation
___ treatment
___ possible placement in the ______________________________ (program and/or class)

In order to evaluate her/his functioning, we would like for her/him to receive a medical evaluation. In case of therapeutic treatment and/or placement in a school program at the Center, such examination would also assist us in maintaining optimum health conditions.

The attached Medical Examination Form contains the minimum information which we require; please feel free to add/change as necessary to provide us with the maximum information which you feel would assist us to make the best decisions both in evaluation and programming.

Also, please complete the enclosed Medical Referral for Evaluation/Treatment Form and the Physician's Request for Administration of Medication Form. Return all forms to us within five (5) days.

If you would like any additional information from us, please call ____ at 478-2581/2582.

Sincerely,

Enclosures:

1. Medical Referral for Evaluation/Treatment Form
2. Medical Examination Form
3. Physician's Request for Administration of Medication Form

SAM-21

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, Texas 78705
Telephone: 478-2581 CARC
476-4567 SAM Project

GENERAL NOTICE OF RIGHTS TO PARENT/GUARDIAN/CLIENT

Date: __________

Dear ______________________________

Our agency has a duty to provide, and does provide, appropriate special educational and related services to eligible handicapped children. Those services will be provided in the educational setting which causes the least possible deviation from the program your child is currently in and which allows your child to be with children his/her own age to the maximum extent possible. You have a right under federal law to see that basic policies to protect your rights are followed, basically providing you with notice before any special services are begun and before any following change is made.

You have a right to access to your child's educational records and to any information on which we rely to make educational decisions about your child. If you ask to see records we will explain the types and locations of records kept on your child. You have a right to make copies at cost. If you have any question about any items in the records we will provide an explanation. If you wish to ask that information in the records be changed, please make your request in writing.

You have a right to be involved in the planning of the actual education program for your child and the annual review of progress under that program. You will be notified when those meetings will occur.

Should you feel that our evaluation of your child is not based on appropriate information, you should discuss an independent evaluation with the Executive Director of Capital Area Rehabilitation Center and the Director of Special Education of your child's school before the evaluation is conducted.

Developed or Modified by SAM Project, 919 West 28 1/2 Street, Austin, Texas 78705

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 478-2581 CARC
476-4567 SAM Project

SAM-22

Referral # ____________

INDEPENDENT SCHOOL DISTRICT SCREENING REPORT/REFERRAL FORM

To: Director
School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705

From: ______________________
(Name of Referral Agent)
____
(Street/City/Zip Code)
____
(Telephone)

Re: Referral of ______________________ (Name of Child) C.A. ________ Sex: ________

D.O.B. ________ Ethnicity: ____________ Grade: ________

Primary Home Language: English ___, Spanish ___, Other ________ (Specify)

Parent/Guardian Name: ______________________

Home Address: ______________________ (Street/City/Zip Code)

Home Phone: ____________ Business Phone: ________ (Father) / ________ (Mother)

I. Reason for Referral:

Student meets eligibility criteria as described in TEA Bulletin 711 for the following handicapping conditions:

___VH, ___MBI, ___OH/OHI, ___EMR, ___TMR, ___ED, ___LLD, ___SH, ___PH/MR

___Other: ____________ (Specify) Comments: ______________________

Date of ISD ARD meeting: ____________

II. Services Needed:

___Educational Intervention ___Occupational Therapy ___Physical Therapy

___Speech Therapy ___Other: ________ (Specify) Comments: ____________

III. Screening:

1. Is child presently enrolled in school? ______
2. Name of Home ISD: ______________________
3. Address of ISD: ______________________ (Street/City/Zip Code)
4. Dates student attended school: ______________________
5. Class placement: ___Regular, ___Special Education
6. Was school attendance ___Poor, ___Fair, ___Good Comment: ________
____
7. Was general quality of work ___Poor, ___Fair, ___Good Comment: ____
____

8. Was school conduct ___Poor, ___Fair, ___Good Comment: ____________

____

9. Description of self-help skills:

	Yes	No	Comment
Child can feed himself	___	___	____________
Child can dress himself	___	___	____________
Child can use toilet by himself	___	___	____________

10. Ability to take care of grooming and personal hygiene:

___Good, ___Fair, ___Poor Comment: ____________

11. Description of social and personality development:

	Yes	No	Comment
Appears to see well	___	___	____________
Appears to hear well	___	___	____________
Has temper tantrums	___	___	____________
Gets along well with other children	___	___	____________
Gets along well with teachers and other adults	___	___	____________
Has little interest in school work	___	___	____________
Reacts to situations in an overly aggressive manner	___	___	____________
Other: ____________ (Specify)	___	___	____________

12. Academic performance (estimate the grade level at which the student is presently functioning and mark with an (X).

Skill	Kindergarten	1st Grade	2nd Grade	3rd Grade	4th Grade	5th Grade
Language	______	______	______	______	______	______
Reading	______	______	______	______	______	______
Spelling	______	______	______	______	______	______
Arithmetic	______	______	______	______	______	______

Comments: ____

____

13. Estimate present developmental level of functioning:

Motor activities: ____________ Perceptual activities: ____________

Cognitive, Communication and Language: ____________

Socialization: ____________

*14. Strongest areas:

1. ____________
2. ____________
3. ____________

Weakest Areas:

1. ____________
2. ____________
3. ____________

*Please attach samples of student's work if appropriate.

15. Psychological Tests (name of test and date given): ____________________

(Please attach report with subtest scores.)

16. Achievement Tests (name of test and date given): ____________________

(Please attach a report with grade levels for each subject.)

IV. Health Information:

17. Vision: R __________ L __________ Date of exam: ____________________

18. Hearing: R __________ L __________ Date of exam: ____________________

19. Date of last physical exam: __________

Name of physician: ______________________________

20. Other pertinent health information (prosthesis, wheel chair, etc.):

V. Pertinent sociological information: ____________________

Comments: ______________________________

______________________________ ____________________ ____________________

(Signature of School Official) (Title) (Date of Report)

Note: An official transcript of work done in your school is required.

Please return this form to:

Director
School Age Multihandicapped Project
Capital Area Rehabilitaiton Center
919 West 28 1/2 Street
Austin, TX 78705

19_____ to 19_____ School Year
Plan's Time Period:
From ____________ To ____________
Plan #____________ Update #____________
Plan Manager:______________________________

SCHOOL AGE MULTIHANDICAPPED PROJECT
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705 Telephone: 476-4567

____________ Client Number
______ New Referral
______ Reevaluation
______ Annual Review

INDIVIDUAL EDUCATION PROGRAM: TOTAL SERVICES PLAN

SAM-23

Name:______________________________ D.O.B.____________
Parent/Guardian Name:______________________________
Home ISD____________________ Grade/ Present Placement__________
Summary of Present Levels of Performance:
1. Speech/Language:______________________________
2. Academic/Functional:______________________________
3. Behavior:______________________________
. Physical:______________________________
Prevoc./voc:______________________________

Recommended Placement:______________________________
Handicap Code:________________ Date Enrolled:____________
Curriculum: ____ Regular; ____ Modified; ____ Special

Services Needed	No. Hrs. Wk (W); Day (D); Mo (M)	Target Dates Begin	Target Dates End	Review
(1) Ed. Intervention ____				
(2) OT ____				
(3) PT ____				
(4) ST ____				
(5) PE ____				
(6) Transportation ____				
(7) Other: ____				

Committee Recommendations:______________________________

Members Approving: Date:____________
(1)______________________________
(Signature) (Position)
(2)______________________________
(3)______________________________
(4)______________________________
(5)______________________________
(6)______________________________
(7)______________________________

Members Dissenting:
(1)______________________________
(Signature) (Position)
(2)______________________________
(3)______________________________
(4)______________________________
(5)______________________________
(6)______________________________
(7)______________________________

*If parent is not present, attach form explaining efforts to secure their attendance.
**If child is not present, attach form explaining why attendance was not appropriate.

___ (   ) ______________________________

___ (   ) ______________________________

___ (   ) ______________________________

___ (   ) ______________________________

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___ (   ) ______________________________

Developed or modified by SAM Project, 919 West 28 1/2 Street. Austin, TX 78705

19___ to 19___ School Year
Plan's Time Period:
From __________ To __________
Area of Emphasis ______________________________

CAPITAL AREA REHABILITATION CENTER
919 W. 28 1/2 St., Austin, TX 78705

INDIVIDUAL EDUCATION PROGRAM: Total Services Plan
INDIVIDUAL INSTRUCTIONAL PLAN/EVALUATION FORM

Plan ________ Update ________
Plan Manager ______________________
Diagnosis ______________________
____

Client Name/# ______________________ D.O.B. __________ School District ______________________

INSTRUCTIONAL GOAL	SHORT TERM BEHAVIORAL OBJECTIVE(S)	PRESENT LEVEL OF PERFORMANCE	ACTIVITIES/METHODS/ MATERIALS	DATE STARTED	DATE ENDED	DATES			
						Quarterly Rptg. Per.			
						1	2	3	4

COMMENTS:

211

*See Total Services Plan cover sheet for committee recommendations on services needed.

Evaluation		
	Obj. achieved	✓
	Made progress	+
	No observ. prog.	0
	Not worked on	-
	Obj. changed	>
	Obj. dropped	<

INSTRUCTIONAL GOAL	SHORT TERM BEHAVIORAL OBJECTIVE(S)	PRESENT LEVEL OF PERFORMANCE	ACTIVITIES/METHODS/MATERIALS	DATE STARTED	DATE ENDED	DATES			
						Quarterly Rptg. Per.			
						1	2	3	4

COMMENTS:

Developed or modified by SAM Project, 919 West 28 1/2 Street, Austin, Texas 78705

SAM-24

SCHOOL AGE MULTIHANDICAPPED PROJECT
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

Intake Status:

____ New
____ Closed within year
____ Closed prior year

INITIAL CONTACT/REFERRAL FORM

Referral No.: ____________________

Referral Taken By: ________________________ Date: ________________

Referral Source: ________________________ ____________________ (Address) __________ (Telephone)

Relationship to client: ___ Parent ___ Relative ___ Friend ___ Agency ___ School

Source of Information about Program: ___ Radio ___ TV ___ Personal Contact ___ Newspaper ___ Other: __________ (Specify)

Reason for Referral: ____

____

____

What services are needed? ____

____

____

Clients Name: ____________________ Sex___ Age____ D.O.B. ____________

Parent/Guardian Name: ________________________ Ethnicity __________

Address: ____________________ (Street) ____________________ (City) (Zip Code) ______________ (Telephone)

Home ISD: ____

Primary Home Language: ___ English ___ Spanish ___ Other: ______________ (Specify)

Handicaps:

___ Delay ___ MR ___ CP ___ ED ___ Vision ___ Hearing ___ Unknown

___ Other: ____________________ (Specify)

Previous services received, evaluation and/or agencies seen:

1. ____
2. ____
3. ____
4. ____
5. ____

Any agency/program involved at present? ___ Yes ___ No

If Yes: Contact Person ______________
Agency
Program ______________
Address ______________
Telephone ______________

Action Taken:

Will call person back by __________
Home visit scheduled on __________
Referral dropped because ______________
Other ______________

____

____

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28½ Street
Austin, TX 78705
Telephone: 478-2581 CARC
476-4567 SAM Project

SAM-25

Least Restrictive Alternative Checklist
(Attach to IEP)

Client's Name: ______________________________ Date: ____________

D.O.B. ____________ Home ISD: ______________________________

Please check (✓) the instructional arrangement(s) you feel will be most appropriate for this client.

___ Regular Instruction
___ Team Teaching
___ Helping Teacher
___ Helping Teacher, Itinerant
___ Resource Teacher
___ Resource, Teacher, Itinerant
___ Diagnostic Classroom
___ Special Class, Regular Campus
___ Special Class, Special Campus
___ Community Class
___ Home Instruction
___ Hospital Instruction
___ State Residential (day only)
___ Non-Public (day only)
___ State Residential (full-time)
___ Non-Public, Residential (full-time)
___ Out of State Residential, Public or Non-Public
___ Arrangement Chosen by IEP/ARD Committee
___ Self Contained class

Descriptor of why these instructional arrangement(s) where chosen over others. Please add any additional comments.

___ Program needed for non-English speaking handicapped ____________

___ Medical and/or physical limitations ____________

___ Extreme acting-out behavior, physical activity or distractability ____________

___ Limitations needed for child's or other's safety ____________

___ Other arrangements are less restrictive but are not appropriate for child's developmental level ____________

___ Self-help and/or toileting skills needed ____________

___ Specialized teaching materials needed ____________

___ Specialized staff needed to provide maximum educational benefits ____________

___ Assessability to related services ____________

___ Assessability to supportive staff services ____________

___ Protective School Environment ____________

Developed or modified by SAM Project, 919 West 28 1/2 Street, Austin, TX 78705

CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705

Telephone: (512) 478-2581
476-4567

CARC
SAM Project
SAM-26

MEDICAL EXAMINATION

(This Medical Examination must be completed before the client can be admitted to the program.)
(Please Print or Type)

ame: ______________________ Date of Birth: ______________

Sex: __________ Height: __________ Weight: __________ Temperature: __________

lood Pressure: _____ - _____ Pulse: __________ Character of Pulse: __________

Home ISD:

	Normal	Abnormal	Description of Abnormalities
Skin and Mucous Membranes:			
ead:			
Scalp			
Eyes			
Wear glasses? ______			
Date of last exam ______			
Ears			
Tongue			
Teeth			
Pharynx			
Tonsils			
Nose			
Neck:			
Lymphoid Glands			
Thyroid			
horax:			
Breasts			
Lungs			
Heart			
bdomen:			
Liver			
Spleen			
Kidneys			
Hernia			
xternal Genitalia:			
Back and Extremities:			
eurological:			

Immunizations and Tests required:

(Give Dates)

	Series	Booster
1. DTP or TD		
Tetanus		
2. Polio, Oral		
3. Measles (Rubeola) or history of disease		
4. Smallpox (not required)		
5. Mumps (not required)		
6. Rubella (if under 12 years)		

7. TB skin test

Date: ______

Result: ______

8. Chest x-ray if TB skin test positive

Date: ______

Result: ______

9. Annual chest x-ray on known tuberculers

Date: ______

Result: ______

10. Medication and dosage currently being administered and specify reason(s) and dates:

______

______

11. Limitations on physical activities and specify length of limitation: ______

______

______

12. Allergies: ______

______

13. Communicable diseases: ______

______

14. Comments and recommendations: ______

______

Signature of Examining Physician ______
Date of Exam: ______
Typed Name of Examining Physician ______
Address of Examining Physician ______
______
(City or Town) (State & Zip Code)

Office Telephone: ______

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-27

MEDICAL REFERRAL FOR EVALUATION/TREATMENT BY CAPITAL AREA REHABILITATION CENTER

TO: Executive Director
Capital Area Rehabilitation Center
919 West 28 1/2 Street
Austin, TX 78705

FROM: ______________________________
(Typed name of physician)

____
(Address: City/State/Zip Code)

RE: ______________________ ________ ______________________
(Name of Client) (D.O.B.) (Home ISD)

I have examined the client named above and make the following recommendations:

A. Recommendations (attach additional sheets if necessary):

1. General Referral

( ) I recommend that Capital Area Rehabilitation Center use its own discretion to evaluate the client and administer appropriate therapeutic program.

2. Evaluation Only (specific orders)

( ) Physical Therapy ______________________________
( ) Occupational Therapy ______________________________
( ) Speech Pathology ______________________________
( ) Audiology ______________________________

3. Evaluation and Treatment

( ) Physical Therapy ______________________________
( ) Occupational Therapy ______________________________
( ) Speech Pathology ______________________________

4. ( ) Other recommendations (include limitations on activity and endurance):

B. Progress Reports:

( ) I would like progress reports sent to my office:
___ monthly ___ quarterly ___ semi-annually ___ annually

( ) I do not desire copies of progress reports.

____
(Signature of Physician)

____
(Date)

CAPITAL AREA REHABILITATION CENTER
919 West 28½ Street
Austin, TX 78705
Telephone: 478-2581
SAM: 476-4567

SAM-28

MULTIDISCIPLINARY STAFFING REPORT

Date: ________ Period Covered: From ________ to ________

Department ________ Attendance:

Diagnosis ________ Days Scheduled: ________ Days Attended: ________

RE: ________ ________ ________ ________

(Name of Client) (D.O.B.) (C.A.) (Home ISD)

Name	Position
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	

(attach additional sheets if necessary)

I. Departmental Comments:

1) Educational ________

2) Occupational Therapy ________

Developed or modified by SAM Project 919 W. 28 1/2 Street

(3) Physical Therapy

(4) Speech Therapy and Audiology

(5) Parent/Guardian and Social Services

(6) Medical Considerations

(7) Other Concerns/Comments

II. Recommendations:

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-29

NOTICE OF RE-ELECTION FOR THE SCHOOL YEAR 19____

TO: ______________________________ DATE: ______________

This is your notification that you have been re-elected for the ____________ school year. A contract or salary notice will be sent to you as soon as notification of the continuation of the SAM Project is received from BEH.

____
Director SAM Project

Please complete the following:

1. Do you plan to continue as an employee of the SAM Project?

   ____ Yes, ____ No

2. Do you plan to ask for a transfer within CARC?

   ____ Yes, ____ No

Please sign and return this notice within 10 days of the above date.

______________________________ ______________
Signature of Employee Date

Comments:

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 478-2581 CARC
476-4567 SAM Project

SAM-30

NOTICE TO PARENT/GUARDIAN OF EDUCATIONAL PLANNING CONFERENCE

Date: ______________

Dear ______________________________
(Parent/Guardian)

The Comprehensive Assessment on your child ____________________________ (Child's Name) has been completed and the results are ready for review. We would like to meet with you at ____________________________ (Place) on ____________________ (Date) at ______________ (Time) to develop an individualized education program for your child. We will recommend what progress we feel we can achieve by the end of this school year, what services will need to be provided, the educational placement which we feel is most appropriate to carry out the program and the methods by which we will be evaluating progress. If the time and/or place mentioned above are not agreeable, please call ____________________________ (Name) at ____________________ (Telephone) to discuss an alternate time and/or place. If you are unable to attend and wish to appoint a surrogate in your place, please respond on the enclosed form.

We would like to ask that your child be included in the meeting, if appropriate. If you have an opinion to express on this, please do so on the enclosed form.

Prior to the meeting you may want to inspect or review your child's records. Please call ____________________________ at ______________________ if you care to do so.

We want to work closely with you and are looking forward to receiving your suggestions as to what services we might provide in order to better serve your child.

Sincerely,

Enclosures

cc:

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-31

NOTIFICATION OF SCREENING FOLLOW-UP

Date: ____________

Dear ______________________________
(Parent/Guardian)

We are pleased that ______________________ has been referred to
(Name of Child)
Capital Area Rehabilitation Center for screening and consideration for enrollment in the class for handicapped children.

We would like to meet with you at Capital Area Rehabilitation Center on ____________ at ____________ to explain our school program, screening/
(Date) (Time)
evaluation procedures, answer any questions you may have and have you sign the necessary permission forms.

If you are unable to attend, please let us know as soon as possible so that we can schedule a mutually agreeable time and place.

Sincerely,

cc:

(Please sign and return immediately)

___ Yes, I will be able to meet with you at the scheduled time and place.

___ No, I cannot meet with you at the scheduled time and place, but I can meet with you on ______________ at ______________.
(Date) (Time)

____
(Parent/Guardian Signature)

224 ______________________________
(Date)

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-32

NOTIFICATION TO PARENTS/GUARDIANS OF ANNUAL PROGRAM REVIEW (ARD COMMITTEE MEETING)

Date: ____________________

Dear ______________________________:

We are nearing the end of the ________/________ school year. As you know, we must evaluate the effectiveness of your child's, ________________ (Child's Name), individualized education program and plan for next year's program.

We would like to meet with you at ______________________________ (Place) on ______________ (Date) at ______________ (Time). It is very important that you attend this conference. If this time or place is not convenient, please let us know as soon as possible so that we can schedule a mutually agreeable time and place. This conference will take place as scheduled if we do not hear from you. If you do not attend this program planning conference, you will receive written notice before any change is made in your child's educational program.

Sincerely,

cc:

____
(Signature)

____
(Position)

- -

(Please sign and return immediately)

Mark with an (X)

_____ Yes, I can meet with you at the scheduled time and place.

_____ No, I cannot meet with you at the scheduled time and place, but I can meet with you on ______________ (Date) at ______________ (Time).

____
(Parent/Guardian Signature)

____
(Date)

School Age Multihandicapped Project
919 West 28 1/2 Street
Austin, TX 78705

SAM-33

NON-EXPENDAPLE EQUIPMENT INVENTORY

ITEM	MFG/MODEL #/PART #/NSN	QUANTITY	BALANCE ON HAND	DATE OF TRANS./P.O. #/INV. #	UNIT PRICE	TOTAL

NON EXPENDABLE EQUIPMENT INVENTORY

Page ____ of ____

ITEM	MFG/MODEL #/PART #/NSN	QUANTITY	BALANCE ON HAND	DATE OF TRANS./P.O. #/INV. #	UNIT PRICE	TOTAL
228						
						229

SAM-34

SCHOOL AGE MULTIHANDICAPPED PROJECT

Outreach Contact Report

Date: ____________________

Parent Name: ______________________________ Staff Member(s): ____________________

Child's Name: ______________________________ Time:

Location of Visit: ________________________ Beginning: _________________________

____ Ending: ____________________________

1. Purpose of visit:

2. Outcome:

Outreach Contact Report (continued)
Page 2

Notes:

Date: ____________________

Child's Name: ______________________________ Staff Member(s): ________________________

School Age Multihandicapped Project
919 West 28 1/2 Street

Austin, TX 78705
Telephone: 276-4567

Observation and Consultation Schedule

SAM-35

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 478-2581 CARC
476-4567 SAM Project

SAM-36

PARENT/GUARDIAN/CLIENT PERMISSION FOR TRANSPORTATION

I/We give my/our permission for Capital Area Rehabilitation Center staff members to furnish transportation for ______________________________
(Name of Client)
to and from the Center when needed and when possible for:

- treatment
- medical/psychological/educational evaluation(s)
- educational services
- field trips
- emergency medical treatment
- other special trips deemed necessary or advisable

I/We release the Center from responsibility connected with any illness, accidents, damages or bodily injuries incurred during the trips.

I/We hereby waive and release any and all claim or claims which I/we or said patient/client may now or hereafter have against any person in anywise connected with said Center or in any way transportation in connection therewith. This waiver is executed as partial consideration for the treatment/educational services heretofore given or to be hereafter given to said patient/client.

______________________________ ______________
(Signature of Parent/Guardian/Client) (Date)

______________________________ ______________
(Signature of Witness) (Date)

School Age Multihandicapped Project
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SAM-37

PARENT/GUARDIAN COMMENT WHETHER CHILD SHOULD BE IN ATTENDANCE AT EDUCATIONAL PLANNING CONFERENCE

(Admission, Review and Dismissal Committee Meeting)

TO: ______________________________ (Program)

RE: ______________________ (Name of Child)

Mark with an (X)

_____ I feel it would be appropriate for my child to be in attendance at the meeting to plan the special education program.

_____ I feel it would be inappropriate for my child to be in attendance at the meeting to plan the special education program for the following reason(s): ____________________________________

____

____

____

__________________________ (Signature of Parent/Guardian)

______________ (Date)

cc:

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28½ Street
Austin, TX 78705
Telephone: 478-2581 CARC
476-4567 SAM Project

SAM-38

Parent/Guardian Permission/Refusal for Placement

Re: ______________________ D.O.B. ____________ ISD: ____________________

We hereby grant permission for our child ____________________ (Child's Name) to be enrolled in the ____.

We understand that our child will be placed in this program for approximately ________ hours/day and that all placements are on a trial basis.

We will participate in parent-school conferences and in related activities as possible. We will encourage prompt and regular attendance.

We understand that the appropriateness of this placement and our child's educational progress will be reviewed at the end of the initial three-month period or as often as seems appropriate and may be changed if deemed necessary.

We also understand that the need for this placement will be reevaluated at least annually in regard to our child's educational progress and that our child will be referred to a regular school program or community agency as deemed appropriate in her/his development. Our consent is voluntarily given, and we understand that we may withdraw it at any time or that we may ask for a full hearing on any point on which we are dissatisfied.

Reasons for this recommendation have been reviewed, and we have been advised of all options and legal rights open to us.

______________________________ ________
(Parent/Guardian/Client Signature) (Date)

______________________________ ________

We were given the opportunity to place our child, ____________________ (Child's Name), in the ____. However, we do not desire said placement at this date.

______________________________ ________
(Parent/Guardian/Client Signature) (Date)

______________________________ ________
(Date)

______________________________ ________
(Placement Committee Chairman Signature) (Date)

cc:

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 478-2581 CARC
476-4567 SAM Project

SAM-39

PARENT/GUARDIAN RESPONSE AND APPOINTMENT OF SURROGATE IF UNABLE TO ATTEND EDUCATIONAL PLANNING CONFERENCE

(Admission, Review and Dismissal Committee Meeting)

TO: ______________________________
(Program)

Mark with
an (X)

_____ I will be able to attend the Educational Planning Conference proposed on ____________ (Date) at ______________________________ (Place) to assist in developing an educational program for my child, ____________________ (Child's Name).

_____ I will be unable to attend the meeting on ____________ (Date) at ________ ____________________ (Place) and ask that ________________________ (person of parent's choice over age 18) be allowed to attend for me and represent the best interests of my child, ____________________ (Child's Name).

I hereby authorize you to share with said person information about my child necessary to provide full educational planning.

____
(Parent/Guardian Signature)

____
(Date)

cc:

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 478-2581 CARC
476-4567 SAM Project

SAM-40

PARENT/TEACHER AGREEMENT

As a parent, I will agree to meet the following requirements. I understand that not meeting them may result in a reduction of the time my child can spend in the program.

Mark with
an (X)

___ 1. call on the days that ____________ cannot attend/be home

___ 2. leave a note if it is impossible to call (home program)

___ 3. Participate in the following program activities:

___ conference with teacher every ________ for ________ hours/minutes

___ observe classroom activities every ________ for ________ hours/minutes

___ attend ____________ parent meetings

___ work with my child in the classroom every ________ for ________ hours/minutes

____

____

____

____

___ 4. discuss any problems or questions about ________ with his/her teacher/assistant

___ 5. ____

____

___ 6. ____

____

As a teacher, I will agree to meet the following requirements:

Mark with
an (X)

___ 1. call if class/visit must be canceled

___ 2. be clear about my requests

___ 3. be well-planned for each session

___ 4. get information, activities and materials which will help you

___ 5. share the educational plan, progress reports and other information available for your review

___ 6. help you develop skills for completing learning activities

___ 7. listen to your needs and requests

___ 8. ______________________________

____

____

___ 9. ______________________________

____

____

______________________________ (Parent/Guardian Signature)

______________________________ (Teacher Signature)

______________________________ (Date)

______________________________ (Date)

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
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Austin, TX 78705
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476-4567 SAM

SAM-41

PERMISSION FOR THERAPEUTIC SERVICES/SWIMMING POOL RELEASE

Date: ____________________

Name of Client ____ D.O.B. ________________

Address ____
Street City Zip Code

Home ISD ____

I/we hereby authorize Capital Area Rehabilitation Center to provide therapeutic services to the above named client as recommended by referring physician and I/we hereby release Capital Area Rehabilitation Center from responsibility connected with any accidents, damages, or bodily injury incurred during any therapeutic treatment or activity.

I/we agree to pay Capital Area Rehabilitation Center for all treatment and/or services provided which are not paid for by health/life insurance, medicaid, welfare, Crippled Children or other sources.

I/we give my/our consent for the above named client to go in the water at the Center's therapeutic pool if she/he is accompanied by a member of the Center staff.

____ ____________________
(Signature of Parent/Guardian/Client) (Date)

____ ____________________
(Signature of Witness) (Date)

CAPITAL AREA REHABILITATION CENTER
PERSONNEL DAILY SCHEDULE
SCHOOL AGE MULTIHANDICAPPED CLASS

NAME: ______________________________

POSITION: ______________________________

8:00 - 8:30 ______________________________

8:30 - 9:00 ______________________________

9:00 - 9:30 ______________________________

9:30 - 10:00 ______________________________

10:00 - 10:30 ______________________________

10:30 - 11:00 ______________________________

11:00 - 11:30 ______________________________

11:30 - 12:00 ______________________________

12:00 - 12:30 ______________________________

12:30 - 1:00 ______________________________

1:00 - 1:30 ______________________________

1:30 - 2:00 ______________________________

2:00 - 2:30 ______________________________

2:30 - 3:00 ______________________________

3:00 - 3:30 ______________________________

3:30 - 4:00 ______________________________

4:00 - 4:30 ______________________________

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-43

PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL BUILDING DURING SCHOOL HOURS

TO: Executive Director
Capital Area Rehabilitation Center
919 West 28 1/2 Street
Austin, TX 78705

FROM: ______________________________
(Typed name of physician)

____
(Address: City/State/Zip Code)

____
(Telephone)

Mark with an (X)

___ ______________________________ should be given medication during school hours for optimum health and to maintain maximum school performance.
(Client's Name)

___ ______________________________ should not be given any medication during school hours.
(Client's Name)

1) Name of Medication: ______________________________
2) Color if applicable: ______________________________
3) Dosage (amount to be given): ______________________________
4) How often or at what time: ______________________________

(NO INJECTIONS WILL BE GIVEN EXCEPT IN EXTREME EMERGENCIES)

The parent knows of this request and is in full agreement that this medication will be supplied as needed. Should the student manifest any unusual symptoms caused by the medication, please contact the parent or my office.

______________________________ ______________________________
(Signature of Physician) (Date)

Parent/Guardian Permission for Administration of Medication

This is your permission to give medication to the client named above as requested by the physician.

______________________________ ______________________________
(Signature of Parent/Guardian/Client) (Date)

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 478-2581 CARC
476-4567 SAM Project

PICTURE RELEASE FOR MEDICAL RECORDS/PUBLICITY PURPOSES

Name of Client: ______________________________

D.O.B. ______________ (Month/Day/Year) Home ISD: ______________

I hereby authorize the Capital Area Rehabilitation Center staff and such assistants, photographers and technicians as may be engaged by Capital Area Rehabilitation Center for this purpose to take such photographs, videotape recordings and motion pictures of the client named above as may seem necessary for documentation/dissemination.

I hereby and forever waiver all rights that I may have to any claims for payments or royalties in connection with the exhibition and showing of these materials regardless of whether such exhibitions and such showing is under philanthropic, commercial, institutional or private sponsorship and irrespective of whether a fee of admission or film rental is charged.

____
(Parent/Guardian/Client Signature)

____
(Date)

____
(Witness Signature)

____
(Date)

cc:

SAM-45

School Age Multihandicapped Project
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

___ Quarterly

___ Annual

PROGRAM EVALUATION FORM

Name of Child ______________________________

Name of Teacher ______________________________

1. In general, how satisfied were you with your child's educational program?

Highly Satisfied		Satisfied		Dissatisfied
1	2	3	4	5

2. How satisfied were you with the therapeutic service your child received?

Highly Satisfied		Satisfied		Dissatisfied
1	2	3	4	5

3. How satisfied were you with the progress your child made?

Highly Satisfied		Satisfied		Dissatisfied
1	2	3	4	5

4. How satisfied were you with the family involvement activities (training sessions, workshops, conferences, ARD meetings, etc.) which you attended?

Highly Satisfied		Satisfied		Dissatisfied
1	2	3	4	5

5. If dissatisfied, state reasons: ______________________________

6. Please suggest ways that the School Age Multihandicapped Project could improve its services:

Signature of Parent/Guardian

Date

School Age Multihandicapped Project
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-46

PROJECT VISITOR INFORMATION FORM

Date: ____________________

Name: ____

Occupation: ____

Business Address: ____

Home Address: ____

Business Phone: ____________________ Home Phone: ____________________

How did you hear about the SAM Project? __________________________

____

____

Reason for your visit: ____

____

____

eveloped or modified by SAM Project, 919 West 28 1/2 Street, Austin, TX 78705

School Age Multihandicapped Project
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

PROJECT VISITOR INFORMATION FORM

Date: ____________________

Name: ____

Occupation: ____

Business Address: ____

Home Address: ____

Business Phone: ____________________ Home Phone: ____________________

How did you hear about the SAM Project? __________________________

____

____

Reason for your visit: ____

____

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CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-47

QUARTERLY IEP PROGRESS REPORT

Re:

D.O.B: ________________ Home ISD: ________________________________

Grade Placement: ____

This Quarterly Progress Report reflects as accurately as possible the student's educational and/or therapeutic status and the attainment of objectives from ____________________ thru ____________________.
(month/day/year) (month/day/year)

____ ________________
(Signature of Department Head) (Date)

____ ________________
(Signature of Supervising Teacher) (Date)

Parental Comments

(Instructions: Please complete and sign this portion of the form and return to the Director, SAM Project, with your comments.)

____ ________________
(Signature of Parent) (Date)

246

cc:

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School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

QUARTERLY IEP PROGRESS REPORT

Re:

D.O.B: ______________ Home ISD: ______________________________

Grade Placement: ______________________________

This Quarterly Progress Report reflects as accurately as possible the student's educational and/or therapeutic status and the attainment of objectives from ____________________ thru ____________________.
(month/day/year) (month/day/year)

____ ____________________
(Signature of Department Head) (Date)

____ ____________________
(Signature of Supervising Teacher) (Date)

Parental Comments

(Instructions: Please complete and sign this portion of the form and return to the Director, SAM Project, with your comments.)

____ ____________________
(Signature of Parent) (Date)

cc:

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QUARTERLY IEP PROGRESS REPORT

Student's Name: ______________________________ Home ISD: ______________________________

GOALS AND OBJECTIVES (FROM IEP) (Instructions: Summarize student's progress on all objectives listed on the IEP by inserting an (X) in an appropriate column(s).)	COMMENTS	Evaluation						Quarterly Reporting Period			
		Obj. achieved	Made progress	No observ. prog	Not worked on	Obj. changed	Obj. dropped	1	2	3	4
____ ( )											
____ ( )											
____ ( )											
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(over)

PROGRESS REPORT continued

GOALS AND OBJECTIVES (FROM IEP)	COMMENTS	Evaluation						Quarterly Reporting Period			
		Obj. achieved	Made progress	No observ. prog	Not worked on	Obj. changed	Obj. dropped	1	2	3	4
___ ( ) ___											
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School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-48

19___ - 19___ School Year

___ New Referral
___ Reevaluation
___ Annual Review

REPORT OF
ADMISSION, REVIEW AND DISMISSAL COMMITTEE

The Admission, Review and Dismissal Committee, after examining the data gathered on

______________________, ______________, ______________________
(Name) (Birthdate) (ISD)

recommends:

1. Appraisal Services: ______________________________
2. Placement: ______________________________
   Class - Where
   ____
   ____
3. Other: ______________________________
   ____
   ____
4. Comments: ______________________________
   ____
   ____

SIGNATURE(S) AND TITLE(S) OF ARD COMMITTEE: Date: __________

______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________

cc:

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CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705

SAM-49

RESUMÉ OF ASSESSMENT DATA

Client # ____________ Date ____________

Code ____________ Form Completed By ____________________

Name ____________________ D.O.B. ______ Age _____ Sex ___ Ethnicity ____________

Home ISD ____________________ Grade/Placement ____________________

TESTS (underline one where applicable):

	M.A.	I.Q.	%ile	Pre	Date	Post	Date	Examiner
Slossen Intelligence Test								
Stanford-Binet, McCarthy, *Bailey								
WISC or WAIS	Verbal							
	Perf..							
	Total							
Raven Progressive Matrices								
Draw-A-Person, *Frostig								
*Peabody Picture Vocabulary								
Northwestern Syntax								
*Detroit Test of Language Aptitude								
Bender Visual Motor Gestalt								
*AAMD (Public School Version)								
*Dev. Test of Visual Perception								
*Ayers Motor Accuracy Test								

	Reading			Spelling			Arithmetic		
	g.p.	s.s.	%ile	g.p.	s.s.	%ile	g.p.	s.s.	%ile
*Key Math Test									
*Woodcock Reading Test									
Wide Range Achievement Test									
Peabody Individual Achievement Test									

Other tests:

CAPITAL AREA REHABILITATION CENTER
919 West 28½ Street
Austin, TX 78705

SAM-50

SEIZURE RECORD

Name of Student: ____________________ Date: ________ Time: ________
Place: ____________________ Person with Student: ________

Onset of seizure: ___ sudden: ___ aura (describe) ____________________

____

Duration: ________ time began; ________ time ended

State of Consciousness:

________ length of unconsciousness
________ arousable
________ unconscious
________ amnesia of seizure
________ orientation

Distractability (responds to outside stimulus, e.g., name, noise; during seizure):
________ Describe: ____________________

____

Motor Activity:

Parts of body involved: ___ face, ___ hand, ___ arm, ___ foot (use B (both), R, or L)

Pattern of Progression:

___ began in one area (describe): ____________________

____

___ began with generalized shaking

Type of activity: ___ rigid, ___ jerking, ___ twitching

Physical Changes (RR = react rapidly; RS = react sluggishly; NR = nonreactive; No = not observed):

Pupils:
___ dilated
___ constricted
___ equal
___ unequal
___ react to light

Mouth:
___ clenched
___ open
___ drooling
___ bleeding from mouth
___ bleeding from tongue

Respirations:
________ rate & quality (rapid, slow, deep, shallow)
________ absence (length of time absent)
________ cyanosis (blueness)

Deviations (Right, left, no or none):
___ eyes
___ tongue
___ incontinent
___ vomited

Length of confusion after seizure: ____________________

Describe: ____________________

____

Status of student after seizure (describe any paralysis, weakness, aphasia or injury).

____

____

____

LM:mm
2/79

________________ Signature

________ Date

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Section I (includes Parts I - V)

CAPITAL AREA REHABILITATION CENTER
919 W. 28 1/2 STREET
AUSTIN, TX. 78705
TELEPHONE: 478-2581

SAM-51

SOCIAL AND DEVELOPMENTAL HISTORY FORM

CONFIDENTIAL

Client Nunber ______ Date: ______

I. Client Information (Personal)

1. Name of Client ______ / ______ / ______ / ______
   Last / First / Middle / Nickname
2. Birthdate ______ / ______ / ______ Sex ______ Ethnicity ______
   Month / Day / Year
3. Primary Language of Client: ____English; ____Spanish; ____Other; (specify) ____None
4. Birthplace of Client: ______ / ______ / ______
   City / County / State
5. Social Security Number of Client: ______

II. Family Background

6. Name of Father ______ / ______ / ______ D.O.B. ______ / ______ / ______
   Last / First / Middle; Month / Day / Year
7. Name of Mother ______ / ______ / ______ D.O.B. ______
   Last / First / Middle; Month Day Year
8. Father Employed by ______ Mother Employed by ______
   ______ Business address ______ Business address
   ______ Business telephone ______ Business telephone
9. Job Title ______ Father Job Title ______ Mother
10. Home Address: ______ Father Home Address: ______ Mother

11. Home Phone ________ / ________ Business Phone ________ / ________
Father Mother Father Mother

12. Who has legal custody of the client? ____________________
Name

________ / ________ / ________ / ________ Phone ________
Street City State Zip Code

13. Who to notify in case of emergency?

Name ____________ Phone ________ Relationship ________

Name ____________ Phone ________ Relationship ________

Name ____________ Phone ________ Relationship ________

Are parents ___Married; ___Separated; ___Divorced; ___Widowed; ___Other ________
Specify

15. Client lives with ___Both parents; ___Mother; ___Father; ___Relative; ___Other ________
Speci

16. Names, birthdates and schools of brothers and sisters:

Names	Birthdate	School

III. Family Environment

17. How does client relate to siblings? ____________________

to parents? ____________________

18. Is there a particular family member the client relates well with? ________

____

19. Has client expressed any feelings of being disliked or unwanted? ________

20. Is client self-confident about the things she/he does? ________

21. Would you describe client as independent or dependent? ________

22. What type of discipline works best with client? ________

23. How does client respond to discipline? ____________________

24. What responsibilities does client have at home? ____________________

IV. Health Information

25. Previous illnesses or conditions (give age):

___Whooping cough
___Encephalitis
___Heart trouble
___Rheumatic fever
___Frequent colds
___Scarlet fever
___Ear infections

___Chicken pox
___Seizures
___Tuberculosis
___Gonorrhea
___Syphilis
___Tonsilitis
___High fevers

___Cancer
___Mumps
___Polio
___Typhoid
___Diabetes
___Asthma
___Convulsions

___Hay fever
___Pneumonia
___Measles
___Allergies
___Other (specify)
____
____

26. Operations and Surgeries:

Type ____________________ Age ___ Where ____________________

Results ____________________

Type ____________________ Age ___ Where ____________________

Results ____________________

Other hospitalizations: ____________________

____

(give type, date and client's age)

27. Are there any future plans for surgery? ____ If so, explain ____________________

____

28. Describe any special medical problems (shunt, seizures, allergies)

Type ____________________ How often ____________________

29. Describe any physical limitations on client's activities: ____________________

____

30. Have there been any serious accidents? ____________________

Head injury ____________________ Broken bones ____________________

Other ____________________

31. Does the client take treatment or regular medication for any chronic conditions or ailments? If yes, give details ____________________

____

32. Does client wear glasses? ____ Age first fitted _____

33. Does client wear hearing aid? ____ Age first fitted _____

34. List below any evaluation centers, hospitals, doctors, clinics or agencies of assistance:

NAME OF CLINIC, CENTER, ETC.	ADDRESS

COMMENTS: Specify type of services received

____

____

____

____

____

V. Comments and Goals

35. Tell something about client's strengths and interests, including the kind of games and hobbies he/she enjoys most, special skills, or other special assets: ________

____

____

36. What does the client have problems doing? ____________________

____

37. What is your understanding of the client's condition? ____________________

____

38. What goals would you like to see the client accomplish in the near future? ________

____

____

39. What long-term goals would you like to see the client accomplish? ______________

____

____

40. Please add any information you feel would be helpful: ______________

____

____

____

VI. Birth and Developmental Information

41. During pregnancy, mother's health was: ____Good; ____Fair; ____Poor

42. Mother visited doctor: ____Regularly; ____Few times; ____Not until delivery

43. Complications:

____None; ____German measles during first three months;

____Threatened miscarriage; ____Hypertension; ____Diabetes;

____Other ______________________ (specify); ____Medications ______________________ (specify and explain)

44. Delivery:

____Normal; ____Instrument; ____Cesarean ______________________ (reason for Cesarean)

____Physician; ____Midwife; ____Full Term; ____Premature ______________________ (specify conditions/ Gestational age) ______________________; __________Birth Weight;

Abnormalities noted at birth: ______________________

____

____

45. Did client have difficulty breathing at birth? ______________________ (explain)

____Convulsions; ____Transfusions; ____Looked blue or yellow after birth;

Comments: ______________________

46. Were there any early feeding problems noticed?

____Breast; ____Formula; ________At what age were solids begun

Comments: ______________________

____

VII. Developmental Evaluation for Parents

In order to help your child attain his maximum developmental potential, you must first determine what he is already capable of doing. You then decide what the next level of function is, and look for ways to help him/her reach it.

This check list is designed to help you evaluate your child in areas of posture and locomotion. What level has your child accomplished?

47. Head Control

____A. Does he help lift head when you pull him to sitting?
____B. When lying on his stomach, does he lift his head?
____C. When you help him sit, does he have good head control (good control is when the head does not wobble from side-to-side or fall backward or forward)?

48. Sitting

____A. Does he sit propped?
____B. Does he sit along briefly? At what age? _____
____C. Does he use his arms to support himself when sitting?
____D. Can he sit erect (with a straight back)?
____E. Can he get to a sitting position without assistance?

49. Rolling

____A. Will he move his eyes and head to look towards an object?
____B. Can he begin rolling by turning his head, then swinging his arm across his chest?
____C. Does he continue to roll by rolling his shoulders and then rolling his hips over?

50. Crawling & Creeping

____A. Does he prop up on both arms when lying on his stomach?
____B. Does he pull himself forward using arm and opposite leg?
____C. Can he get up on all fours and move himself forward using first one arm and the opposite leg then the other? At what age?_____

51. Standing

____A. Can he let go of a support and balance a few seconds?

52. Walking

____A. Can he pull up to standing?
____B. Does he take steps holding on to something for support?
____C. Does he walk, holding on with one hand?
____D. Does he walk without holding on? At what age? _____

53. Playing

____A. Does your child like to listen to rattles, bells, and music?
____B. Does he like to look at bright objects?
____C. Does he reach-out with his arms?
____D. Does he like to put his hands or toys in his mouth?
____E. Does he hold a rattle you put in his hand?
____F. Does he pick-up a rattle?
____G. Does he pick-up a crumb or a piece of string?

Please check (✓) activities your child would participate in and put an (X) by activities he dislikes:

____listen to music
____color
____finger paint
____ride a trike __bike
____pretend play
____look at or read books
____swing
____slide
____watch T.V.
____throw toys
____play peek-a-boo
____play ball
____be rocked
____play alone
____cut and paste
____water play
____puzzles
____rough house play
____hit a drum, bang pots and pans
____be outside on a pretty day
____play with rattles and bells

54. Daily Living - Dressing
____A. Does your child cooperate when you dress him?
____B. Does he seem to mind being dressed?
____C. Does he help by reaching for pants or pulling arm out of sleeve?
____D. Is it difficult to dress him because his muscles are tight or he pulls away?
____E. Does he need only a little assistance?
____F. Does he dress himself?
____G. Are snaps, buttons and zippers difficult?
____H. Does he ever complain of clothes being scratchy?
____I. Does he seem picky about clothes?

55. Daily Living - Feeding
____A. Does your child have difficulty chewing or swallowing?
____B. Does your child drool?
C. Does your child eat:
  ____pureed food?
  ____mashed table food?
  ____regular food?
D. List particular food likes ____________
  dislikes ____________
E. What does he drink out of ____________
F. Is he learning to handle a spoon ______
  fork and knife ______
G. Who feeds your child? ____________
H. Does your child take vitamins? _____ If so, which ones ________

56. Daily Living - Toileting
____A. Does your child cry if his diapers are wet or dirty?
____B. Has toilet training begun?
  ____If so, is he frequently successful?
  ____Does he have occasional accidents?

57. Comments: ____

58. Pre-Speech and Language Skills

A. Other than crying, would you say your child was:

____A silent baby ____An average noise baby

____A very quiet baby ____A very noisy baby

____B. Did you child make random vocalizing simular to "E" or "A".

____C. Did you child vocalize repeating two or more syllables during play time or alone, i.e., "baba" or "dado"?

____Did this type of vocalization stop with crying becoming the major vocalization of the child?

____D. Did your child use sentence-like utterances with true words?

____E. Did your child echo sounds and/or syllables after you?

____F. Did your child imitate gestures, i.e., hand clapping after you?

59. Receptive Language Skills

____A. Does your child startle to loud, sudden noises? If so, how? ____

____B. Does your child know his name when called?

____C. Does your child know the names of his other family members?

____D. Will your child play with a toy or look at a book, etc., for about two (2) minutes? If not, about how long? ____

____E. Does your child recognize names of familiar objects?

____F. Does your child understand questions?

____G. Does your child follow directions?

60. Expressive Language Skills

____A. Does your child express their wants or needs? If so, how?

____gestures (pointing) ____verbally

____sign language ____actions (tantrums)

____B. Did your child first use words at around twelve (12) months? If not, at what age? ____

____C. Did your child get one or two words and then go a long time before getting other words?

____Or, did your child keep on adding words once he started to talk?

____D. Does your child use single words? At what age? ____

____E. Does your child use two or three word phrases? At what age? ____

____F. Does your child use complete sentences? At what age? ____

____G. Does your child ask questions?

____H. Does your child mispronounce sounds? If so, which ones? ____

____I. Has your child ever talked better than he does now?

____J. Does your child have a reaction to his speech problem? If so, what is it? ____

61. Comments: ____

VIII. Schooling Information (Clients ages 0-21 years)

62. Has client attended school? ______ How many years? ______ Last grade attended? ________

63. Name of school last attended ________________________________

64. Address of school ________________________________
(Street) (City) (State) (Zip)

65. Dates attended ____________________. Was client in a special program? ______

Explain ________________________________

66. What concerns did your child's teacher indicate were problem areas in his school achievements? ________________________________

____

____

____

67. List previous schools attended and dates of attendance:

____________________ Date ____________________

____________________ Date ____________________

____________________ Date ____________________

68. Were grades ___below average; ___average; ___above average

Comments: ________________________________

69. Was school attendance ___regular; ___irregular; ___reasons ____________________

____

70. Does the client have any behavior or social adjustment problems at ___home; ___school. If so, explain ________________________________

71. School factors (In your opinion, please indicate general functioning level of client within each of the learning skills listed below):

Listening ________________________________

Reading ________________________________

Writing ________________________________

Spelling ________________________________

Arithmetic ________________________________

IX. Recommendations

72. Social Workers Recommendations: ______________________________

____

____

____

____

____

Signature of Parent/Guardian ____________________ Date ____________________

Signature of Parent/Guardian ____________________ Date ____________________

Signature of Social Worker/Staff Person ____________________ Date ____________________

SCHOOL AGE MULTIHANDICAPPED PROJECT

Special Education Contact Log

SAM-52

Name: ______________________

Week Ending: ______________

( )M ( )In Person
( )T ( )Phone Outgoing
( )W ( )Phone Direct Incoming
( )TH ( )Message
( )F

Total Contact Time: ________

( )Student
( )Parent/Guardian
( )LEA (Name ____________)
( )ESC (No. ____________)
( )Univ.(Name ____________)
( )CARC (Name ____________)
( )SEA (Name ____________)
( )SAM (____________)
( )Other (____________
____________________)

Code:
a. e. i. m. q. u. y.
b. f. j. n. r. v. z.
c. g. k. o. s. w.
d. h. l. p. t. x.
Comments:

( )Info Provided
( )Info Received
( )Will Call Back
( )No Response
( )Appointment Set
( )Appointment Canceled
( )Contact Routed to:
____
____

( )M ( )In Person
( )T ( )Phone Outgoing
( )W ( )Phone Direct Incoming
( )TH ( )Message
( )F

Total Contact Time: ________

( )Student
( )Parent/Guardian
( )LEA (Name ____________)
( )ESC (No. ____________)
( )Univ. (Name ____________)
( )CARC (Name ____________)
( )SEA (Name ____________)
( )SAM (____________)
( )Other (____________
____________________)

Code:
a. e. i. m. q. u. y.
b. f. j. n. r. v. z.
c. g. k. o. s. w.
d. h. l. p. t. x.
Comments:

( )Info Provided
( )Info Received
( )Will Call Back
( )No Response
( )Appointment Set
( )Appointment Canceled
( )Contact Routed to:
____
____

( )M ( )In Person
( )T ( )Phone Outgoing
( )W ( )Phone Direct Incoming
( )TH ( )Message
( )F

Total Contact Time: ________

( )Student
( )Parent/Guardian
( )LEA (Name ____________)
( )ESC (No. ____________)
( )Univ. (Name ____________)
( )CARC (Name ____________)
( )SEA (Name ____________)
( )SAM (____________)
( )Other (____________
____________________)

Code:
a. e. i. m. q. u. y.
b. f. j. n. r. v. z.
c. g. k. o. s. w.
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( )Will Call Back
( )No Response
( )Appointment Set
( )Appointment Canceled
( )Contact Routed to:
____
____

( )M ( )In Person
( )T ( )Phone Outgoing
( )W ( )Phone Direct Incoming
( )TH ( )Message
( )F

Total Contact Time: ________

( )Student
( )Parent/Guardian
( )LEA (Name ____________)
( )ESC (No. ____________)
( )Univ. (Name ____________)
( )CARC (Name ____________)
( )SEA (Name ____________)
( )SAM (____________)
( )Other (____________
____________________)

Code:
a. e. i. m. q. u. y.
b. f. j. n. r. v. z.
c. g. k. o. s. w.
d. h. l. p. t. x.
Comments:

( )Info Provided
( )Info Received
( )Will Call Back
( )No Response
( )Appointment Set
( )Appointment Canceled
( )Contact Routed to:
____
____

( )M ( )In Person
( )T ( )Phone Outgoing
( )W ( )Phone Direct Incoming
( )TH ( )Message
( )F

Total Contact Time: ________

( )Student
( )Parent/Guardian
( )LEA (Name ____________)
( )ESC (No. ____________)
( )Univ. (Name ____________)
( )CARC (Name ____________)
( )SEA (Name ____________)
( )SAM (____________)
( )Other (____________
____________________)

Code:
a. e. i. m. q. u. y.
b. f. j. n. r. v. z.
c. g. k. o. s. w.
d. h. l. p. t. x.
Comments:

( )Info Provided
( )Info Received
( )Will Call Back
( )No Response
( )Appointment Set
( )Appointment Canceled
( )Contact Routed to:
____
____

( )M ( )In Person
( )T ( )Phone Outgoing
( )W ( )Phone Direct Incoming
( )TH ( )Message
( )F ( )

Total Contact Time: ________

( )Student
( )Parent/Guardian
( )LEA (Name ____________)
( )ESC (No. ____________)
( )Univ. (Name ____________)
( )CARC (Name ____________)
( )SEA (Name ____________)
( )SAM (____________)
( )Other (____________
____________________)

Code:
a. e. i. m. q. u. y.
b. f. j. n. r. v. z.
c. g. k. o. s. w.
d. h. l. p. t. x.
Comments:

( )Info Provided
( )Info Received
( )Will Call Back
( )No Response
( )Appointment Set
( )Appointment Canceled
( )Contact Routed to:
____
____

(SAM) CODE SHEET

a. Administrative
b. Appraisal
c. Classroom Instruction
d. Classroon Visitation
e. Community Awareness
f. Educational Evaluation
g. Extra Curricular Activities
h. Home Visit
i. IEP
j. Inservice Training
k. Maintenance
l. Materials
m. Observation
n. Outreach Teaching
o. Parent Meeting
p. Program Evaluation or Review
q. Program Information
r. Purchasing
s. Records
t. Reports
u. Staffing
v. Staff Meeting
w. Therapeutic Evaluation
x. Therapeutic Services
y. Transportation
z. Other

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28½ Street
Austin, TX 78705
Telephone: 476-4567

SAM-53

STAFF DEVELOPMENT RECORD

Name of Staff Member: ______________________________

Date	# Hrs/Min	Description of Activity	Level*	Ind.	Grp.

*Key:

SV - Site Visit
CK - Concepts & Knowledge
EPS - Educational Planning Skills
IIS - Instructional Implementation Skills (Teaching)

Developed or modified by SAM Project, 919 West 28½ Street, Austin, TX 78705.

Date	# Hrs/Min	Description of Activity	Level*	Ind.	Grp.
	270			271	

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Telephone: 478-2581 Austin, TX 78705

SAM-54

STAFF EMPLOYMENT REFERENCE LETTER

Date: ____________________

Re: Application for Employment

Dear ______________________________:

______________________________ has applied to our agency for the position of ______________________________ in the School Age Multihandicapped Project. We would appreciate it if you would answer the following questions and sign and return this form to our office. We have enclosed a self-addressed envelope for your convenience.

____
JOYE A. SCHEFFLER, Director, School Age Multihandicapped Project

1. How long have you know this person? ______________________________
2. What are your main associations with this person? (For example: work, church, neighbors) ______________________________
3. Are you related to this person? __________ How? ______________________________
4. What has been his/her experience or education in caring for handicapped children? ______________________________
5. Would you want your child cared for by this person? ______________________________
6. What are his/her capabilities in relating to children? ______________________________
7. Do you feel that this person is able to administer a child care program? Explain: ______________________________
8. Does this person have the ability to supervise staff members? ______________________________
9. Is this person dependable and punctual? ______________________________
10. Please add any additional comments you care to make: ______________________________

Signed: ______________________________
(Name) (Position)

Date: ____________________ Address: ______________________________

Phone: ____________________

School Age Multihandicapped Project
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-55

STAFF NEEDS ASSESSMENT

I. Background

1. Last Name: ____________________ First Name: ________________
2. Address: ____________________ ____________________
(Street) (City/State/Zip Code)
3. Home telephone number: ____________ Business number: ____________
4. Marital Status: ____________________
(Enter appropriate number)

(1) Married (3) Separated (5) Other ________ (Specify)
(2) Divorced (4) Single

5. Education: (Give number of years completed)

____ High School; ____ College; ____ Other: ____________________

6. Degree Received:

(1) ____ B.A.; (2) ____ B.S.; (3) ____ M.S.; (4) ____ Other: __________

7. Teaching experience in years:

(1) ____ One; (2) ____ Two; (3) ____ Three; (4) ____ Four; (5) ____ 5 or more

8. Certification:

(1) ____ Elementary; (2) ____ Secondary; (3) ____ Other: ____________

9. Areas of Concentration:

(1) ____ MR; (2) ____ COHI; (3) ____ Visually Impaired; (4) ____ Deaf;
(5) ____ Multiply Handicapped; (6) ____ Other: ____________

10. What inservice formats or methods appeal to you most? ___/___/___ (Choose three)

(1) lectures
(2) informal meetings
(3) slide & cassette presentations
(4) consultation with specialists
(5) workshops
(6) consultation with School Age Multihandicapped Project staff
(7) other: ______________________________

11. Which methods or approaches would you prefer at meetings? ______/______
(Choose two)

(1) audio-visual presentations
(2) lectures
(3) small discussion groups
(4) demonstrations
(5) other: ____

12. Indicate types of speakers you would like for inservice training:

(1) appropriate state and community agency personnel
(2) staff of School Age Multihandicapped Project
(3) therapists
(4) noted speakers in the field
(5) medical and health personnel
(6) Independent School District personnel
(7) other: ____

13. Do you feel you could give inservice training in specific areas?

____
(Enter appropriate number)

(1) yes
(2) no

14. If so, which topics? ______________; ______________;
______________; ______________; ______________

(See list of areas, pages ________, ________; topics ________; enter number(s) of appropriate topics.) If the topics listed do not cover your areas of expertise, please write in the name of topics you would like to present.

II. Topics

Directions: Rank the top ten topics that you are most interested in having inservice training in this year. See this page and the following pages for topics and numbers. (Enter numbers only.)

1. ______; 2. ______; 3. ______; 4. ______; 5. ______; 6. ______;
7. ______; 8. ______; 9. ______; 10. ______

___1. Informal classroom assessment technique
___2. Planning an individual education program
___3. Writing long-term and short-term goals
___4. Baseline data
___5. Videotape procedures and protocol
___6. Assessment of cognitive/adaptive and language

___ 7. Skills in non-verbal children
___ 8. Assessment of motor skills and programming from the assessments
___ 9. Orthopedic adaptations for the classroom
___10. Physical therapy applied in classroom
___11. Occupational therapy applied in classroom
___12. Medical ramifications for each of our children (Example: How to deal with James' heart problem in the classroom.)
___13. Family counseling
___14. Developmental assessment
___15. Classroom procedures in toilet training
___16. Socialization skills
___17. Language development
___18. Gross and fine motor
___19. Communication skills
___20. How to work with parents
___21. P.E. and recreation
___22. Materials and media
___23. Vocational training
___24. Leadership training
___25. Parent involvement
___26. Curriculum development (including sequence charts of skill development and corresponding learning activities)
___27. Planning and evaluating Home Activity Guides
___28. Team planning of the instructional program
___29. Identifying needs of children
___30. Identifying emotional problems of children
___31. Behavior management in the classroom
___32. Appropriate teaching techniques for different kinds of learners
___33. Task analysis
___34. Teaching techniques
___35. Developing oral language skills
___36. Developing gross and fine motor skills; activities to use
___37. Developing receptive, associative and expressive language skills
___38. Normal child development
___39. How to deal with the over-anxious parent
___40. The aggressive child
___41. The shy child

___42. Overview of Capital Area Rehabilitation Center services

___43. Overview of School Age Multihandicapped Project

___44. Goals and objectives

General Topics

___ 45. Embryology
___ 46. P.L. 94-142
___ 47. Curtis Donlon Videotape Protocol
___ 48. IEP
___ 49. Instructional Materials
___ 50. Assessment of S/PH Children
___ 51. Callier-Azusa Scale
___ 52. Parent Counseling
___ 53. Programming for Deaf-Blind
___ 54. Programming for Early Childhood
___ 55. Cerebral Palsy Programs
___ 56. Services for S/PH
___ 57. Services for the Deaf
___ 58. Working with Parents
___ 59. State Board Policies
___ 60. Facilities for the Blind
___ 61. Preschool Classroom Programs
___ 62. Infant-Parent Training Program
___ 63. Commission for the Blind Services
___ 64. VH Children Services
___ 65. General Orientation of Staff
___ 66. Program Policies and Procedures
___ 67. Grant Goals and Objectives
___ 68. Role of Occupational Therapist
___ 69. Medical Management of S/PH Child in Classroom
___ 70. Sensory Motor Integration
___ 71. Program Evaluation
___ 72. Innovation and Change
___ 73. Bulletin 711 and Administrative Policies
___ 74. Stroke Team Planning

___75. First Aid Review & Update

___76. Personnel Management

___77. Bookkeeping

Communications: (speech, language or nonverbal difficulties)

Academic areas: (deficient skills in reading, math, etc.)

Activities of daily living: (toileting, dressing, eating)

Sociological factors:

Other:

Comments: (methods teacher/parent has used to deal with these problems)

Signature of Observer	Position	Date

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-56

STAFF OBSERVATION FORM

Name ______________________________ Sex _____ D.O.B. __________ C.A. _______

Date Observed ______________________________ Time: __________ to __________

Place Observed: ___ Home; ___ School; ___ Other/Specify ____________________

School ______________________________ Child's Teacher ____________________

Using the appropriate categories below, explain what you have observed to be the student's major problems.

Social behavior: (agression, withdrawal, emotional factors, etc.)

Physical symptoms: (poor vision, hearing, nutrition, etc.)

Motor and manipulative skills: (poor coordination, clumsiness, etc.)

Developed or modified by SAM Project, 919 West 28 1/2 Street, Austin,

SAM-57

STAFF/PARENT TRAINING EVALUATION

Topic of In-service: ______________________

Date: __________ Total contact time: __________

Presented by: ______________________

Location: ______________________

Key:
1. Not applicable
2. Inadequate
3. Below average
4. Average
5. Above average
6. Excellent

1. How well did the workshop reasonably meet your needs?

   1 2 3 4 5 6

2. How well was the subject matter covered, considering the time constraints of the workshop?

   1 2 3 4 5 6

3. How well were you able to understand the information presented in the workshop?

   1 2 3 4 5 6

4. How well did the speaker address the subject matter that you had anticipated?

   1 2 3 4 5 6

5. How well are you able to make use of, or adapt the workshop content, in terms of the functioning levels of the children in your program or classroom?

   1 2 3 4 5 6

6. Did the speaker respond well to questions and discussions?

   1 2 3 4 5 6

7. Was the workshop scheduled well enough to provide sufficient time to entertain discussion and respond to questions?

   1 2 3 4 5 6

8. Were the demonstrations, films, video-tapes, etc., helpful to you?

   1 2 3 4 5 6

(over)

9. Did the demonstrations, films, video-tapes, etc., help clarify what was presented?

1 2 3 4 5 6

10. How familiar were you with the topic of the session before it began?

1 2 3 4 5 6

11. Did the presentation increase your knowledge of the topic?

1 2 3 4 5 6

12. Did the environmental conditions increase your ability to attend?

1 2 3 4 5 6

13. Would you recommend this presentation to others?

14. Please offer any additional opinions or comments.

____

(Signature)

School Age Multihandicapped Project
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

SAM-58

STAFF PERFORMANCE REVIEW

INSTRUCTIONS FOR EVALUATION:

1. Fill in column A by placing an X opposite the factors which are important to the employee's job.
2. Fill in the column marked for the review period with one of the following (the one you feel best reflects the employee's ability and performance):

   4---Exceptional (performance exceeds that which is expected)
   3---Satisfactory (performance in accordance with and to standard set)
   2---Weak (closer supervision is necessary and improvement is expected)
   1---Unsatisfactory (performance is not in keeping with that expected)

A	JOB FACTORS	1	2	3	4
	Diagnoses learning needs and sets specific instructional objectives for each student.				
	Uses a variety of instructional procedures and media in implementing the department's continuous progress cirriculum.				
	Demonstrates thorough knowledge of subject matter in assigned role.				
	Developes, uses and interprets valid evaluative procedures to measure student progress toward attainment of objectives.				
	Establishes a positive learning atmosphere, emphasizing student self-direction, creativity and experimentation.				
	Accepts willingly responsibility for supervising students and school activities.				
	Maintains order in group situations, promptly resolving disruptive behavior.				
	Shows a genuine professional concern for all pupils, dealing with them fairly and impartially.				
	Maintains cooperative working relationships with colleagues.				
	Communicates well with parents, analyzing student strengths and weaknesses and interpreting the department's program effectively.				
	Participates actively in the department's inservice programs and other activities for professional development.				
	Demonstrates standards of appearance, ethics and behavior which serve as a positive model for students.				
	Has physical and mental condition fitting her/him to instruct or associate with children and to perform effectively all professional duties assigned to her/him.				
	Performs record-keeping and reporting functions efficiently, promptly and accurately.				
	Is punctual and regular in attendance, spending sufficient time to perform assigned duties thoroughly.				
	Complies with Capital Area Rehabilitation Center rules and regulations, SAM Project policies, rules and reasonable instructions of supervisory heads.				
	Maintains neatness of work areas.				
	Enthusiasm				
	Performance compared to potential				
	Asks when not sure				
	Initiative				
	Loyalty and professional ethics				

A	JOB FACTORS continued	1	2	3	4
	Response to criticism				
	Takes pride in job				
	Gets along well with: superiors				
	co-workers				
	parents				
	children				
	Courteous				
	Personal appearance				
	Completes assigned tasks				
	Adjusts and copes with new situations				
	Leadership potential				
	Self-control				
	General health				
	Patient with children				
	Affectionate toward children				
	Praises and encourages children				
	Uses positive approach with children				
	Gives guidance and sets limits for children				
	Encourages creativity in children				
	Gives equal attention to all children				
	Gets down physically on level of children				
	Communicates well with children				
	Presents material on children's level				
	Provides children with choice of activities				

Comments (Indicate areas of strength and areas needing improvement):

Employment is approved ☐ not approved ☐ approved under close supervision ☐

Date: ______________ Signature of Supervisor: ______________________________

Signature of Department Head: ______________________________

Signature of Executive Director: ______________________________

Employee Comments:

Date: ______________ Signature of Employee: ______________________________

Signature indicates that employee has read this summary and discussed it with the supervisor.

SCHOOL AGE MULTIHANDICAPPED PROJECT

STUDENT TRACKING FORM

SAM-59

EVENT	DATE	PERSON RESPONSIBLE	COMMENTS	FORMS TO BE COMPLETED	

INTAKE TRACKING FORM

TOILETING SCHEDULE

SAM-60

Name: ____________________________________

Date	Time	Toilet	Diaper	Indicated	Comments

Developed or Modified by SAM Project, 919 W. 28 1/2 St., Austin, TX 78705

SAM-61

CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 478-2581/2582

Date: ______________________
(Month/Day/Year)

Re: ____________________________
(Name of Client)

Dear ____________________________:

Thank you for expressing an interest in services available at Capital Area Rehabilitation Center. A brochure is enclosed for additional information.

The following items are required prior to admission to the Center:

- medical referral from physician
- immunization record
- birth certificate
- small photograph (current)
- any court order regarding custody or adoption

As soon as we receive the completed medical referral form from the physician, we will telephone you to set up a date for the intake interview. Please bring the immunization record, birth certificate, court order and photograph with you to the intake interview.

Please call ________________________________ at 478-2581/2582 if you
(Name/Title)
have any questions.

We look forward to serving you.

Sincerely,

Enclosure: Brochure

SAM-61

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

Date: ____________________

Re: ____________________________________

Dear ____________________________________:

Members of our staff would like to meet with you at ____________________ ____________________________ and observe the above mentioned client on ______________ (Date) at ______________ (Time) in order to better understand her/his needs, explain our school program, screening/evaluation procedures, answer any questions which you may have and have you sign any necessary permission forms.

If this is not a convenient time for you, please let us know as soon as possible.

Sincerely,

(Please sign and return immediately.)

____ Yes, I will be able to meet with you at the scheduled time.
____ No, I cannot meet with you at the scheduled time, but I can meet with you on ____________________ (Date) at ____________________ (Time).

____________________________________ (Signature of Parent/Guardian/Client)

____________________ (Date)

SAM-61

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

Date: ____________________

Dear ______________________________________:

A completed Medical Referral form has been received by our office on ____________ ________________________________ (Name of Client). The Capital Area Rehabilitation Center Multidisciplinary Evaluation Team is now ready to evaluate the client in order to determine the most appropriate educational and/or therapeutic program for her/him. In order to complete the information required, a one to two day Center visit must be scheduled to complete necessary forms and to allow members of the multidisciplinary team to observe the client further. The purpose of the visit is to obtain additional information on which to base decisions about appropriateness of services.

We would like to schedule an appointment for a comprehensive evaluation of the client by our therapeutic team on ____________________ (Date) at ____________________ (Time).

An additional day may be necessary in order for the teaching staff to observe the client in the assessment classroom.

If you are unable to keep this appointment, please let us know as soon as possible so we can schedule another time.

Please bring the following client records with you to the meeting:

- immunization record (current)
- birth certificate
- any court order regarding custody or adoption

If further information is needed, please call ______________________________ at 478-2581 or 2582.

(Please sign and return immediately or call our office to confirm appointment date.)

_____ Yes, I will be able to meet with you at the scheduled time and place.
_____ No, I cannot meet with you at the scheduled time and place, but I can meet with you on ____________________ (Date) at ____________________ (Time).

____
(Signature of Parent/Guardian/Client)

____
(Date)

SAM-62

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, Texas 78705
Telephone: 476-4567

DATA COLLECTION FORM

Student Name ______________________________

Curriculum Area ______________________________

INSTRUCTIONAL OBJECTIVE	EXPECTANCY LEVEL	DATE OF EVALUATION	PERFORMANCE LEVEL	RECORDER'S INITIALS	OBJECTIVE ACHIEVED	
					YES	NO

___ ___ ___ Developed ___ or ___ modified ___ by ___ SAM project, ___ 919 West 28 1/2 Street, Austin, Texas 78705

SAM-63

CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

PARENT/GUARDIAN/CLIENT CONSENT FOR CAPITAL AREA REHABILITATION CENTER OBSERVE CLIENT IN HOME/SCHOOL/AGENCY

Re: ______________________________ D.O.B. ____________________
(Name of Client)

ISD: ____

_____________ Permission Given (X) — Permission is granted for Capital Area Rehabilitation Center staff to observe client at home as necessary for the purpose of gathering information for assessment and/or placement/treatment.

_____________ Permission Given (X) — Permission is granted for Capital Area Rehabilitation Center staff to observe client at school/agency as necessary for the purpose of gathering information for assessment and/or placement/treatment.

- -

_______ Permission is not granted for Capital Area Rehabilitation Center staff to observe client at home.

_______ Permission is not granted for Capital Area Rehabilitation Center staff to observe client at school/agency.

______________________________ (signature of parent/guardian) ____________________ (Date)

______________________________ (signature of client) ____________________ (Date)

______________________________ (signature of witness) ____________________ (Date)

THE PARENT/GUARDIAN/ELIGIBLE STUDENT UNDERSTANDS THAT GRANTING OF CONSENT IS VOLUNTARY AND THAT THEY HAVE THE RIGHT TO REVOKE THEIR CONSENT AT ANY TIME.

SAM-64

FORMS MANUAL RATING SCALE

Attached is a manual of forms that were designed to be used in the due process procedures of P.L. 94-142. Please review the forms and rate their usefulness by making an "X" in the proper space.

FORM	VERY USEFUL	USEFUL	SOME USE	NO USE

Developed or Modified by the SAM Project, 919 W. 28 1/2 Street, Austin, Texas.

APPENDICES

APPENDIX A

Texas Education Agency

- STATE BOARD OF EDUCATION
- STATE COMMISSIONER OF EDUCATION
- STATE DEPARTMENT OF EDUCATION

201 East Eleventh Street
Austin, Texas
78701

July 2, 1980

Joye Scheffler, Director
SAM Project
Capital Area Rehabilitation Center
919 West 28 1/2 Street
Austin, Texas 78705

Dear Ms. Scheffler:

The forms prepared by the SAM Project in the course of providing services to multihandicapped students over a three-year period have been reviewed by this office with regard to their applicability for use by public school programs. As the Forms Manual Rating Scale will reveal, the forms are very applicable to and relevant to the child centered process presently being followed in Texas public schools to maintain compliance with state and federal guidelines for services to all handicapped children.

Thank you for the opportunity to review the forms and for keeping Texas Education Agency aware of the work of your project.

Sincerely,

Jill Gray

Jill Gray, Chief Consultant
Special Education Developmental Services

JG:dm

Enclosure

RECEIVED
JUL 3 1980
CAPITAL AREA REHABILITATION CENTER

"An Equal Opportunity Employer"

APPENDIX B

FORMS MANUAL RATING SCALE

Attached is a manual of forms that were designed to be used in the due process procedures of P.L. 94-142. Please review the forms and rate their usefulness by making an "X" in the proper space.

FORM	VERY USEFUL	USEFUL	SOME USE	NO USE	
1	X				
2	X				
3	X				
4			X		
5	X				
6	X				
7		X			
8	X				
9	X				
10	X				
11	X				
12	X				
13		X			
14		X			
15	X				
16			X		
17				X	(over)
18	X				
19				X	(over)
20	X				

Developed or Modified by the SAM Project, 919 W. 28 1/2 Street, Austin, Texas.

17. School districts do not usually loan equipment. The Special Education Resource System would do this with their own system of forms.

19. This form is considered not to be useful because the form itself is inconsistent and this type of request is covered by a more adequate form, #36.

FORMS MANUAL RATING SCALE

Attached is a manual of forms that were designed to be used in the due process procedures of P.L. 94-142. Please review the forms and rate their usefulness by making an "X" in the proper space.

FORM	VERY USEFUL	USEFUL	SOME USE	NO USE
21			X	
22		X		
23	X			
24			X	
25	X			
26	X			
27	X			
28			X	
29			X	
30	X			
31			X	
32	X			
33		X		
34			X	
35			X	
36	X			
37	X			
38	X			
39		X		
40	X			

Developed or Modified by the SAM Project, 919 W. 28 1/2 Street, Austin, Texas.

FORMS MANUAL RATING SCALE

Attached is a manual of forms that were designed to be used in the due process procedures of P.L. 94-142. Please review the forms and rate their usefulness by making an "X" in the proper space.

FORM	VERY USEFUL	USEFUL	SOME USE	NO USE
41			X	
42				X (over)
43	X			
44		X		
45		X		
46			X	
47	X			
48		X		
49	X			
50	X			
51	X			
52			X	
53	X			
54			X	
55		X		
56		X		
57			X	
58				X (over)
60		X		
61			X	

Developed or Modified by the SAM Project, 919 W. 28 1/2 Street, Austin, Texas.

42. In the school district, a district-wide system for personnel accounting is used.

58. The school districts are now required to maintain a referral and liaison system that would be quite different to this.

SECTION III

EVALUATION OF PROJECT GOALS, OBJECTIVES AND ACTIVITIES

INTRODUCTION

This section includes the following: (1) Annual Performance Report for the Period July 1, 1977 through June 30, 1978; (2) Annual Performance Report for the Period July 1, 1978 through June 30, 1979; (3) Annual Performance Report for the Period July 1, 1979 through July 31, 1980 and (4) Program Cost Information.

EVALUATION OF PROJECT GOALS, OBJECTIVES AND ACTIVITIES

SCHOOL AGE MULTIHANDICAPPED PROJECT
Contract Number 300-77-0248

ANNUAL PERFORMANCE REPORT
FOR THE PERIOD JULY 1, 1977-JUNE 30, 1978

Joye A. Scheffler, Director

July 28, 1978

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B. Third Party Evaluation Report. III-11

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

Contract No. 300-77-0248

ANNUAL PERFORMANCE REPORT
FOR THE PERIOD JULY 1, 1977-JUNE 30, 1978

A. Program Information

This section covers the following areas:

1. Number and type of children receiving screening/assessment/educational services

   - 14 severely handicapped, orthopedically impaired children were identified and screened during PY 77-78
   - 20 new referrals have been received and will be screened for PY 78-79
   - 3 children withdrew from the program (one moved out of town, one child moved into a large school district which could provide services and the other child was accepted into a residential center)

   The project school year ended with 11 children enrolled.

2. Number of parents or legal guardians of project children receiving consultation and training services:

   - Parents/guardians of the 14 children served during the year have attended four (4) Center-wide parent/staff meetings and eight (8) individual Center-wide conference days scheduled from noon until 8:00 p.m. in order that working parents might attend. Parents/guardians of the children screened received consultation and orientation material on the model project.
   - 27 parents toured the project during the program year. All project parents were involved in meetings and program planning for their children.
   - 49 other persons toured the project. This number includes physicians, dentists, student nurses, teachers, social workers, board members, special education directors, rehabilitation personnel, state agency personnel and graduate students.

3. Number of project staff receiving pre and inservice training and consultation:

- A needs assessment has been completed on each of the six staff members. All staff members have received training in the following areas:

Workshops and Conferences

- Awareness and orientation to project goals, objectives and activities
- Orientation to Capital Area Rehabilitation Center services of personnel
- Appropriate instructional materials and media
- Development of Individualized Educational Programs
- Embryology, Mental Retardation and Research
- Assessment instruments--Callier-Azusa Scale, Curtis Donlon Protocol, AAMD, DASI and observation techniques
- Use of videotape equipment
- Techniques for working with the family and the community
- Assessment of severe and profoundly handicapped children
- Film: "The Mourning Theory"
- State Board of Education--State Plan for Special Education
- Preschool class (one week inservice working in preschool handicapped classroom--teaching techniques)
- Slide tape: "Seeing is Believing" -- services for visually handicapped children in Texas
- Services for the Blind and Visually Handicapped--State Commission for the Blind
- Public Law 94-142
- Conference on services for Severe and Profoundly Handicapped Children/San Francisco, California
- November 3, 1977--Evaluation Network
- November 4, 1977-- " "

- November 17, 1977--City Council--Grant
- November 29, 1977--New Strategies for Working with MR Children, Region XIII
- December 9, 1977--Medical Training for Working with Handicapped Children; Louis Young, Region XIII
- February 23, 1978--Brackenridge Hospital--Planning Services for the Handicapped
- Bulletin 711 and State Administrative Policies
- Program Evaluation
- Sensory Motor Integration
- Nutrition Workshop (for parents and staff)
- AAEVH Conference (Dallas, Texas)

Site Visits

Site visits have been made to the following programs, which serve severe and profoundly handicapped children:

- United Cerebral Palsey Training Center for severely handicapped individuals, San Antonio, Texas
- Program for severerly handicapped children--Angel Cardinas School, San Antonio, Texas
- Texas School for the Blind Annex, Austin, Texas
- Travis State School, Austin, Texas
- Texas School for the Deaf, Austin, Texas
- MH-MR Infant-Parent Program, Austin, Texas
- Criss Cole Center, Austin, Texas
- Severely Handicapped Project, San Rafael, California

4. Employment, time commitment and qualifications of staff employed under such activities:

   - No loss of personnel occurred during the program year. Six full-time staff members (Project Director, 2 teachers, 2 teacher aides and a secretary-disseminationist) worked full time in the project.

5. Preparation and utilization of facilities in support of the educational/ training of project participants:

   Space, equipment and materials were purchased or contracted for as needed throughout the year

6. Achievement in cooperation with relevant State and local agencies and organization for the delivery of services to severely handicapped children:

   - 228 pieces of correspondence to individuals, agencies and organizations regarding program activities
   - 137 telephone contacts with parents/guardians
   - 152 telephone contacts with local education agencies (school districts)
   - 114 telephone contacts with the State Education Agencies
   - 18 telephone contacts with Bureau for the Education of the Handicapped
   - 291 telephone contacts with other individuals, agencies and organizations within the community
   - 181 meetings and conferences with parents/guardians
   - 72 meetings and conferences with local agency personnel (school districts)
   - 57 meetings and conferences with state agency personnel (Texas Education Agency, Texas State Commission for the Blind, State Welfare Department, Health Department, etc.)
   - 265 conferences and meetings with other agency and organization personnel
   - 1 conference and meeting with Bureau for the Education of the Handicapped
   - 49 individuals from other agencies and organizations visited the project site during the program year. All visitors were briefed on program goals and objectives.

7. Ancillary benefits which have occurred from the project:

   - Referrals from a wide geographic area have been received.
   - Numerous mail and telephone requests for additional information have been received from community agencies and organizations. 3 letters have been received from out of state programs requesting information on the model program design.

8. Special problems encountered and anticipated solutions:

Late notification of funding caused multiple problems in hiring staff, securing referral of children and in implementing community awareness activities.

Due to the severity of handicaps and the necessity for one-to-one assistance in the area of self-help skills, additional staff was needed. Funds from other sources provided two additional classroom aides. These funds ended June 30, 1978.

Six of the fourteen children served during the year were non-ambulatory and had to be lifted and manipulated. Four of the children had no speech and several had never been in an educational program or had received sparodic and inappropriate services prior to the time they entered the project. All of the target project participants have multiple handicapping conditions which include heart problems, orthopedic handicaps, mental retardation, emotional problems, brain damage, vision and hearing problems and other health impairments.

We continued to have difficulty in receiving timely reimbursement of project vouchers until the middle of the last quarter. Vouchers were sent by registered mail and lost after receipt by B.E.H. This matter was repeatedly brought to the attention of Mr. Edward Wilson, project officer, who worked cooperatively with us to alleviate the problem.

Transportation continued to be a major concern throughout the program year. The majority of the children live in outlying districts which can neither provide appropriate educational services nor transportation. Some Center staff members have used their own cars this year to transport the children.

Although the Center has two mini buses, these buses cannot make their normal runs and pick up additional children in the wide geographic area covered. One route averages 3,000 miles per month. Every effort is being made to secure a bus through community sources; however, additional funds for a driver will be needed and are being requested in the continuation proposal.

B. Third Pary Evaluation Report

This section describes the degree to which project goals have been accomplished during the reporting period.

B. THIRD PARTY EVALUATION REPORT

PREPARED BY DR. DONIVAN WATLEY, ESC XIII,
Austin, Texas

ANNUAL EVALUATION REPORT
FOR THE
SCHOOL AGE MULTIHANDICAPPED PROJECT

INTRODUCTION

In the original proposal it was stated that development and implementation of the program described would rely heavily upon an effective and systematic evaluation of the various project components involved. Effective evaluation is enhanced considerably when the project objectives and the activities necessary to successfully accomplish these objectives are clearly delineated. Both the Initial Performance Report (submitted November 25, 1977) and the Second Performance Report (submitted March 3, 1978) provide evidence of the extent to which this School Age Multihandicapped Project has been monitored thus far.

Evaluation activities have been implemented for this project that continuously monitor and assess program processes and products. By carefully following the activities associated with this project, those that are essential can be documented. This is necessary in attempting to formulate a model that can be replicated in other school settings.

Specific evaluation activities have been developed for each of the activities associated with each objective of this project. Many of these evaluation activities were listed in the proposal. These were listed to signify the types of evaluation that have been collected thus far and will continue to be collected during the course of this project.

The remainder of this brief evaluation report will highlight the types of evidence that have been collected during the first year of this project for multihandicapped youth.

GOAL 1: PROVIDE RESOURCES, FACILITIES AND EQUIPMENT

The attached "Status of Objectives and Activities" provides a list of the objectives and activities needed to accomplish the first goal. The three major objectives involve securing space, employing personnel and identifying project consultants. Evaluation evidence has been collected and stored in project folders verifying the completion of each of these objectives. The project director and her staff have been most cooperative in making project files available to the evaluator. Each of the objectives associated with this goal were critical in the implementation phase of the project and all of the activities were completed on schedule.

GOAL 2: ALL ELIGIBLE CLIENTS WILL BE REFERRED AND SCREENED

The two critical objectives related to this goal during this first year were the development of a referral system and the screening of referrals. Essentially, severely handicapped, orthopedically impaired children were identified, screened and referred for services. The activities associated with these objectives have required that a great deal of record keeping be done. The evaluator can substantiate that the project staff placed considerable effort on this phase of the project, recognizing that continuous monitoring was required to develop an effective system of program implementation that could be used in other settings. Much emphasis was placed, for example, on the development of forms that are needed to keep appropriate records for the screening and referral system developed. Copies of forms that have been developed for use in screening and referring multihandicapped youth are attached.

It can be seen from the attached "Status of Objectives and Activities" that some of the activities related to the objectives are on-going. However, it can be stated that the large majority of activities were completed for the first year of this project.

GOAL 3: ASSESSMENT AND DIAGNOSIS OF REFERRED CHILDREN'S NEEDS

This goal attempts to assess and diagnose each child's unique needs. It can be seen from the "Status of Objectives and Activities" sheets that three important objectives were identified for this goal. These include: (1) staff observation of children in the home or school, (2) assessment of children's educational/training needs and (3) assessment of behavioral and/or emotional factors. As these objectives suggest, a great deal of staff effort was required to complete the related activities. Child observation, testing and data collection were very time consuming activities. Some of this activity was observed by the evaluator. These activities also required a great deal of record keeping. As pointed out previously, the project staff have attempted to complete each activity with an eye toward developing procedures that can be replicated in other locations.

One of the activities identified in the proposal for completion of the "Staff Observation of Children in Home/School" objective had to be deleted. Each child could not be videotaped in his home environment because funds were not available to purchase the needed equipment.

Although the remainder of the activities related to Goal Three are on-going in nature, all of them were fully completed to the extent possible during the first year of this project.

GOAL 4: DEFINE THE NEEDS OF EACH PARTICIPANT'S INDIVIDUALIZED EDUCATION PROGRAM

As was the case for Goal Three, this goal is critical toward the development of a model for working with school age multihandicapped youth. Four major activities were identified as necessary for the attainment of this goal: (1) the multidisciplinary team met and reported on the observations and assessments obtained for each child; (2) information was analyzed to develop educational/training goals; (3) baseline data were gathered by the staff and consultants and (4) the staff, consultants and parents collaborated to write an Individualized Educational Program for each child. As the "Status of Objectives and Activities" chart indicates, all of these activities are on-going. These activities are conducted each time a child becomes involved in this phase of the project. At this time, however, these activities are 100% completed for all children who have been referred.

Of particular relevance is that the baseline data gathered are located in each child's folder. The Individual Educational Program is also filed in the individual folders.

GOAL 5: PROVISION OF SERVICES

To this point the goals have addressed a sequence of major procedures that must be conducted in order to successfully complete the steps involved. The first link in the chain is that clients must be referred and screened. There must then be an assessment and diagnosis of the needs of children referred. Based upon the assessment and diagnosis conducted for each child, an Individualized Educational Program is developed. The present goal involves providing the services that have been identified for each child.

In providing needed services, one important objective is to provide services to facilitate the implementation of educational services. These services are intended to satisfy the needs specified for each individual. The "Status of Objectives and Activities" chart that is attached to this report indicates that all activities associated with this goal have been fully completed to this point. These activities are on-going, of course, since they are completed for each child added to this program.

Evidence for the completion of activities for each child is located in individual client folders. Progress reports are completed for each child. These measures attempt to show the extent to which each child becomes increasingly independent.

GOAL 6: COMPREHENSIVE RELATED SERVICES WILL BE PROVIDED

The primary objective related to this goal is that developmental evaluations based on tests will be obtained. Again, the evaluation evidence needed to substantiate the extent to which the activities are achieved is located in individual client folders. A key activity here is that the evaluation data are reviewed to determine the appropriateness of individual objectives and therapies that have been identified. A record is kept for each child concerning the review conducted. The individual folders contain information about the therapeutic programs offered.

To the present time, the activities related to this goal have been completed. They will be on-going, of course, into the second year of this project.

GOAL 7: PROVIDE EDUCATIONAL/TRAINING/COUNSELING SERVICES FOR PARENTS/SIBLINGS OF PROJECT PARTICIPANTS

A number of major objectives have been specified for this goal. One was that 30 hours of training would be provided for parents. Two activities are identified in the "Status of Objectives and Activities" chart, one of which was completed and one was not. A questionnaire was completed by parents to fulfill the needs assessment requirement, but the family-by-family plan activity was not done because of the unavailability of a psychologist. This activity, in fact, has been deleted.

Several activities associated with the training of parents/siblings also were deleted. The training in assessment techniques was not feasible because of the long distances that parents were required to travel and the videotaping of some of the training activities could not be done because of the unavailability of funds needed to purchase the video equipment.

Other parental activities have been fully completed. For example, family members have attended screening and placement meetings, and family members and staff evaluate each child's plan on a quarterly basis.

The attached "Status of Objectives and Activities" chart provides information about the current status of each of the activities related to Goal Seven. It can be seen that all of the activities except two have been either completed or deleted. One of the exceptions pertains to the activity specifying that the project staff will meet with parents to review efforts and modify the training program for parents. This activity is due to be implemented in September of 1978.

One interesting aspect of Goal Seven is that a relatively large number of objectives and related activities have been identified. A considerable effort has been made to involve parents/siblings in this work with school age multihandicapped youth. The evaluation criteria used to determine the extent to which these activities were achieved were specified in the original proposal. The project director has been very helpful in allowing the evaluator to inspect the evaluation materials collected.

GOAL 8: PROVIDE PRE AND INSERVICE TRAINING FOR PROJECT STAFF MEMBERS

In the order of events necessary to complete this project, Goal Eight was actually begun sooner than most of the others since it involves the training of project staff members. A large number of activities were initially identified that are related to the objective of providing 30 hours of structured training for staff members. The "Status of Objectives and Activities" chart attached to this report indicates that 11 of the 16 activities were completed. One activity that was not done concerns the identification by staff of institutional and personal goals. A staff needs assessment was conducted, but this information was not then used to allow the staff to identify what they considered to be their own goals as well as those of the institution.

However, critical activities such as orientation meetings, inservice training, training in assessment techniques, committee participation training and training in the collection of baseline data were among those training efforts provided by the project director. Evaluation evidence concerning the completion of these activities is located in the project files.

SUMMARY

This evaluation covers the period of the first year of this School Age Multihandicapped Project. In general, it can be concluded that the activities initially set out to be accomplished during this first project year have been almost totally completed. The unavailability of funds for purchasing needed video equipment made deletion of several activities unavoidable. The long distances that some parents traveled also made it necessary to delete another activity. Overall, however, the evaluator concludes that this project is on-target and has accomplished its first year goals. The evaluator feels confident in this statement since the project director has allowed him to be involved from the beginning.

The project's activities have been well managed. Evidence of this is the extent to which the major goals, objectives and activities required to complete the first year were specified from the beginning. These are listed in the original proposal. The status of each of these was recorded in the Initial Performance Report (submitted in November) and in the Second Performance Report (submitted in March). Further evidence of this can be seen from the information provided in the Continuation Proposal for the School Age Multihandicapped Project (submitted April 14, 1978) for the second year of this project and for the continuation of this project beyond the second year.

The evaluation of this project has been made easier by the identification of specific evaluation evidence required for the successful completion of each activity. The project director has worked closely with the evaluator to collect the needed evidence. The evidence collected thus far is located in project files. The project director is quite conscious of the need to build a model with these school age multihandicapped youth that can be replicated in other locations.

SCHOOL AGE MULTIHANDICAPPED PROJECT
Contract Number 300-77-0248

ANNUAL REPORT FOR FY 1978-79
FOR THE PERIOD JULY 1, 1978-JUNE 30, 1979

Joye A. Scheffler, Director

July 27, 1979

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B. Third Party Evaluation Report. III-27

School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28½ Street
Austin, TX 78705
Telephone: 476-4567

Contract No. 300-77-0248

FINAL REPORT FOR FY 1978-79
FOR THE PERIOD JULY 1, 1978 - JUNE 30, 1979

A. Program Information

This section covers the following areas:

1. Number and type of children receiving screening/assessment/educational services
    - 24 referrals were screened this year
    - 17 children were re-referred for appropriate placement
    - 17 severely handicapped, orthopedically impaired children received educational/therapeutic services this year
    - 1 child withdrew from the program and entered a residential setting
    - 3 children have progressed to the point where they can function in the school district next year
    - 3 new referrals have been accepted for next year
2. Number of parents or legal guardians of project children receiving consultation and training services:
    - Parents/guardians of all children screened received consultation and orientation materials on the model project.
    - 15 parents attended the following workshops:
        - National Conference on the Training & Utilization of Paraprofessionals in Educational Programs for the Handicapped (4/5/79)
        - Infant/Parent Mothers Group (3/9/79)
        - Normal Child Development (1/26/79)
        - Learning How to Make the Legislative Process Work (2/2/79)
        - Seizures (2/8/79)
        - Nutrition (10/17/78)

26 parents attended Center Parent/Staff Meetings on:

- .. Education for the Handicapped (attorneys from Legal Aid Society of Central Texas & from Advocacy, Inc.) (5/23/79)
- .. Film "Who Are the Debolts & Why Do They Have 18 Children"
- .. Nutrition (2/20/79)
- .. Christmas play

. All parents of project children are involved in meetings and program planning for their children.

3. Number of project staff receiving pre and inservice training and consultation:

. A needs assessment has been completed on each staff member. Staff members have received training in the following areas:

- .. awareness and orientation to project goals, objectives and activities
- *.. Building a Leadership Team (2/22/79)
- .. Transferring (3/13/79)
- .. Bio Feed Back (3/14/79)
- .. "Lauri" (film on allergies) (3/14/79)
- .. Sex Education for the Handicapped (4/4/79)
- .. National Conference on the Training & Utilization of Paraprofessionals in Educational Programs for the Handicapped (4/5/79)
- *.. Federal Grants & Contracts (4/16, 17/79)
- .. Severe & Profound Handicapps (4/26/79)
- .. Sensory Integration (5/15/79)
- .. International Year of the Child (5/19/79)
- .. Orientation to Capital Area Rehabilitation Center services
- .. Structuring Environment (1/26/79)
- .. Normal Child Development (1/26/79)
- .. Language Curriculum for Deaf (1/22,23/79)
- .. Services for Visually Handicapped & Deaf-Blind Infants (1/15, 16, 17/79)

- .. Community Services--Health & Hygiene (1/17/79)
- .. Behavior Modification (12/4/78)
- .. Brain Dysfunction (12/9, 10/78)
- .. Vocational Possibilities for Handicapped/MR (12/7/78)
- .. AOTA Conference Sensory Integration Adaptive Equipment (11/3,4,5/78)
- .. Communication, Cognition, Pre-vocational Assessment (11/3/78)
- .. Neurological & Vestibular Stimulation (2/28/79)
- .. Public Law for the Handicapped (2/13/79)
- .. Seizures (2/8/79)
- .. Validated Preschool Program (2/6/79)
- .. Consumerism (2/2/79)
- .. Learning How to Make Legislative Process Work (2/2/79)
- .. Speech & Language Development (8/10/78)
- .. Physical Therapy; Transferring; Lifting & Carrying (8/11/78)
- .. Sensory Integration (8/11/78)
- .. Individual Educational Plans (9/21/78)
- .. Assessment (BCP) (9/27/78)
- .. Assessment & Programming (SPH) (9/29/78)
- .. Nutrition (10/17/78)
- *.. Workshop--Washington, D.C. (10/2 - 6/78)
- *.. Workshop--AAESPH, Baltimore, Maryland (10 24 - 26/78)

4. Employment, time commitment and qualifications of staff employed under such activities:

   - All staff members are full time with the exception of two teens who work part time in the project and the health care worker/family liaison (position filled 1/9/79 at 20 hours a week). Two aides resigned at the end of the fiscal year to go into their particular fields of interest; two teen aides graduated and left the project.

* Project director attended

5. Preparation and utilization of facilities in support of the educational/training of project participants:

   - Space, equipment and materials are purchased or contracted for as needed.

6. Achievement in cooperation with relevant state and local agencies and organizations for the delivery of services to severely handicapped children:

   - Referrals have been received from a wide geographic area.
   - Write-up in Austin American Statesman (July 1979)
   - Project director appeared on KTTV (Channel 7) (10/19/78)
   - Cooperation with United Way--slide tape show (4/10/79)
   - One conference with personnel of Texas Education Agency regarding continuation of project beyond third year (10/31/78)
   - Three Texas Education Agency consultants visited the site 5/29/79
   - Contact made with Texas Education Agency personnel relative to State validation of project (5/79)
   - All project children and staff visited Texas Education Agency, Special Education Department for one hour 10/31/78.
   - Fifty-five project brochures were distributed to project directors and other participants during the Washington workshop (10/2-6/78).
   - Project slide tape presentation was previewed by project officer in Washington (10/6/78).
   - Slide tape presentation viewed by Center board of directors (7/18/78).
   - 63 individuals from other agencies and organizations visited the project site. All visitors were briefed on program goals and objectives.
   - 186 meetings and conferences held with parents/guardians
   - 38 meetings and conferences held with LEA personnel
   - 26 meetings and conferences held with state agency personnel
   - 29 meetings and conferences held with other agency/organization personnel
   - 13 meetings and conferences held with BEH personnel

- 238 telephone contacts with parents/guardians
- 154 telephone contacts with LEA personnel
- 45 telephone contacts with state agency personnel
- 27 telephone contacts with BEH personnel
- 119 telephone contacts with other individuals, agencies & organizations within the community
- 394 pieces of correspondence regarding the project
- 10 copies of project brochure distributed to TEA personnel

7. Ancillary benefits which have occurred from the project:

   - A volunteer program has been implemented on a limited basis (four persons volunteered for a total of 86:03).
   - Two university special education students completed internships at the Center (a total of 214:38).
   - Meeting with Texas Education Agency personnel to discuss possible workshop involving other model programs and possible funding at end of project period.
   - Television appearance has publicized the project community-wide.
   - Three programs (one out-of-state) requested dissemination materials and/or dates to visit model program.

8. Special problems encountered and anticipated solutions:

   We experienced some delay in receiving warrants for services during the program year. However, Mr. Falgoust and our Project Officer cooperated in solving this problem satisfactorily.

   Due to the large geographic area covered, the transportation of children served continued to be a problem. Some children attended school for a shorter period of time since the bus made several runs.

   There are three aide positions vacant at this time. These will be filled before school starts.

B. Third Party Evaluation Report

This section describes the degree to which project goals have been accomplished during this reporting period.

B. THIRD PARTY EVALUATION REPORT

PREPARED BY Dr. Donivan Watley, ESC XIII,
Austin, Texas

ANNUAL EVALUATION REPORT
FOR THE
SCHOOL AGE MULTIHANDICAPPED PROJECT

INTRODUCTION

The primary purpose of this project has been the development and implementation of a comprehensive educational/training and related services model which includes referral services; indepth evaluation and diagnosis; individualized educational programs for target children, parent training and parent involvement opportunities and pre- and inservice staff development activities. It is clearly a many faceted project that has now completed its second year of operation. It has relied heavily upon a systematic evaluation of the various components involved.

Effective evaluation is made easier when the goals are clearly identified as well as the objectives and the activities that will need to be accomplished in order to achieve the specified objectives. The Annual Evaluation Report for the first year of this School Age Multihandicapped Project as well as subsequent quarterly reports provide evidence of the extent to which the goals, objectives and activities have been monitored and evaluated during the course of this project. The present report will update the extent of the project accomplishments after two years of project operation.

A total of twelve goals have been identified for this SAM project. The remainder of this evaluation report will discuss the extent to which the identified activities have been completed in achieving the objectives listed for each goal.

GOAL 1: SECURE SPACE, PERSONNEL, EQUIPMENT, MATERIALS AND SUPPLIES

The specific activities associated with this goal are listed on the attached "Program Monitoring Form" that each of these activities was fully completed.

As was indicated for the first Annual Performance Report, evaluation evidence has been collected and stored in project folders to verify the completion of each activity. The Project Director and her staff have been most cooperative in making the project files available to the evaluator. Each of these activities is obviously critical in conducting this project and each was completed as scheduled.

GOAL 2: ALL ELIGIBLE CLIENTS WILL BE REFERRED AND SCREENED

There were two objectives associated with this goal. The first was the provision of a comprehension referral system for the systematic referral of new handicapped children/youth. The second was the screening of approximately 10 - 15 new handicapped children/youth for eligibility requirements during the second year of this project.

It can be seen from the "Program Monitoring Form" that the activities identified for these two objectives were fully completed. These objectives were continued from the first year, where initial efforts were made to identify, screen and refer severely handicapped, orthopedically impaired children for services that they need. These activities have involved a large amount of record keeping. Like last year, the project staff has continued to place a great deal of effort on this part of the project.

The record keeping required for individual participants has involved the continuous effort to refine and improve the record keeping system as well as the many forms that have been developed to provide the information needed for project participants. This important phase of the project has continued to receive a great deal of staff attention.

It should also be noted from the "Program Monitoring Form" that a large number of home visits were conducted during the past year to obtain further information on the child/family needs and to provide feedback about the program.

The purpose of the project, of course, is to develop and refine a model that can be used in other settings. Feedback from the family is one important source of information.

GOAL 3: PROVIDE ASSESSMENT, DIAGNOSIS AND EVALUATION SERVICES

This goal has two major objectives. One objective involves providing therapeutic assessment/diagnosis and evaluation services for 10 - 15 new eligible handicapped participants as well as for those already in the program. It can be seen from the "Program Monitoring Form" that each of the seven activities identified for this objective was fully accomplished.

The second objective involved providing comprehensive educational assessment and evaluation services for new participants as well as for those already in the project. All six activities connected with this objective were completed.

This is another of the goals that has required a great deal of staff effort. A review of the activities listed for this goal indicates that they are also very time consuming. Like last year, some of this activity was observed by the evaluator. These activities are a fundamental part of the model development process since procedures are being developed that can be replicated in other locations.

GOAL 4: PROVIDE COMPREHENSIVE INDIVIDUALIZED PROGRAMMING AND PLACEMENT SERVICES

This goal had one major objective, which in turn has four major activities. The "Program Monitoring Form" lists these activities and shows that each of them was fully completed. These services were provided to both old and new participants in the program. One of the major activities that was conducted involved meetings with the parent/guardian and school/agency personnel to discuss the child's program and make any refinements and changes that were needed.

GOAL 5: IMPLEMENT, MONITOR AND EVALUATE EDUCATIONAL/TRAINING PROGRAMS FOR PROJECT PARTICIPANTS

The first major objective for this goal was the implementation of individualized programs based on the child's skills and needs. The evaluator can verify that an individualized educational program was developed for each target child. This is a critical part of the model being developed, which obviously required a great deal of staff time. In addition to completing an Individual Instructional Plan (IIP) for each participant, an Anecdotal Record was completed for each class session.

The second major objective for this goal was monitoring and evaluating each participant's program. It was initially anticipated that:

- progress would be made on 50% of the behavioral objectives on the IIP within PY 1978-79
- successful completion of 20% of the IIP behavioral objectives within PY 1978-79

An evaluation of the IIPs for project participants indicated that the expected levels were exceeded considerably. Examination of the individualized plans for 17 project participants revealed that a total of 980 behavioral objectives were identified. These behavioral objectives were placed into five categories:

1. Language and communication
2. Academic
3. Personal/Social
4. Motor
5. Pre-vocational

The number of behavioral objectives in each of these categories and the percentages that were achieved or partially achieved are shown in the following chart:

Areas	Number of Objectives	Number and % Achieved	Number and % Partially Achieved
1) Language & Communication	193	126 (65%)	20 (10%)
2) Academic	309	226 (73%)	7 (2%)
3) Personal/Social	152	91 (60%)	5 (3%)
4) Motor	304	135 (44%)	72 (24%)
5) Pre-vocational	22	12 (55%)	—
TOTAL	980	590 (60%)	104 (11%)

It can be seen that of the 980 behavioral objectives identified, 60% were fully achieved and 11% were partially achieved. This is obviously a high level of achievement for the IIP behavioral objectives.

GOAL 6: PROVIDE COMPREHENSIVE RELATED SERVICES

This goal involved three major objectives. The first was securing the necessary support personnel, equipment and supplies. All of the activities for this objective were fully completed except one that was deleted. Special equipment could not be purchased because of the lack of funds from BEH.

The second objective was the provision of comprehensive individualized assessment/diagnosis for project participants. These services were provided to each participant on the basis of the comprehensive individual assessment/diagnosis. This objective was fully achieved.

The third objective was the implementation and monitoring of the related services program. The six activities related to this objective were achieved.

The evaluation evidence needed to substantiate which of these activities were achieved is located in project folders, much of it in the folders for the individual project participants. An important activity is that the data are reviewed to determine the appropriateness of the individual objectives and services identified for project participants.

GOAL 7: PROVIDE EDUCATIONAL/TRAINING/COUNSELING SERVICES FOR THE FAMILY OF PROJECT PARTICIPANTS

Three major objectives were identified in relation to this goal. The first was the provision of 16 hours of training for family members. Evidence in project files substantiated that this objective was achieved.

The second objective involved the provision of opportunities for family members to have knowledge of and participate in project activities. The activities identified for this objective were continuous across the project year and involved such things as family members observing in the classroom and having them attend meetings that concerned their child. This is an important aspect of the model development. Evidence in the project files indicates that these activities were achieved.

The last objective for this goal was the evaluation of this family program. This was done by collecting evaluation forms from the parents after the training sessions and through pre-post needs assessment forms collected at the beginning and end of the family training sessions. These activities were achieved. Forms were completed by each family that participated within PY 78-79.

It should be noted that a considerable effort has been made by the project staff to involve parents/siblings in this project for school age multihandicapped youth.

GOAL 8: PROVIDE FORMAL AND/OR INFORMAL TRAINING FOR PROJECT STAFF

A total of seven activities were identified for this goal. A key activity was the completion of the Staff Needs Assessment Form by all project staff and the subsequent development of an overall project staff development plan based on the identified needs. The evaluator verified that a form was completed by each member of the project staff. Based on the identified needs, 16 hours of formal/informal training for project staff was provided. Also provided to the staff was one day of awareness and orientation to project goals, objectives and activities. A written statement of the institutional and personal goals related to educating handicapped children was obtained from each staff member.

The evaluator has observed that the project director does an outstanding job in getting the staff development activities completed.

GOAL 9: COORDINATE PROJECT EFFORTS WITH OTHER AGENCIES AND ORGANIZATIONS

Six activities were identified for PY 1978-79 that involved the coordination of the efforts of this project with the efforts of other agencies and organizations. This essentially involved all agencies and organizations that have some logical connection with this project. This included local, state, federal and community agencies as well as selected public schools and the regional

Educational Service Center. These are places where information on children needing services and receiving services can be exchanged.

The "Program Monitoring Form" indicates that all of the activities were achieved. Evidence of the contacts made and meetings attended was kept in project files by the project director.

GOAL 10: DISSEMINATE INFORMATION GENERATED BY THE MODEL PROJECT

Enough information was developed to begin a dissemination phase for the second year of this project. The project is being conducted for the purpose of developing a model for working with orthopedically handicapped children/ youth, so dissemination is a critical part of the effort that needs to be done.

A total of 16 separate activities were identified for this goal for the second year of the project. This number of activities reflects the emphasis that the staff felt needed to be placed on the dissemination of information generated. One of the activities initially identified and listed on the "Program Monitoring Form" was deleted because of the lack of funding by BEH.

Almost all of the activities were fully completed during PY 1978-79. Comments are shown on the "Program Monitoring Form" for the two activities that were not completed. In one case, a 50% completion is shown only because word has not yet been received concerning possible participation at conferences where project information could be disseminated.

In the second case, for activity 10.1.8, the brochure and slide-tape presentation are completed, but the handbook is yet in rough draft form. It will be completed during PY 1979-80. The purpose of this handbook is to explain the various components of the model developed by this project.

Evaluation evidence needed to verify the completion of these activities is located in project files. The project director has done an excellent job, in the evaluator's opinion, of organizing the activities related to information dissemination.

GOAL 11: PROVIDE ASSISTANCE AND MATERIALS TO FACILITATE REPLICATION OF PROJECT ACTIVITIES IN OTHER LOCALES

This is another of the goals identified for the second project year that dealt with initial attempts to replicate the model in other locales. A total of six activities were specified for completion during PY 1978-79 and all were successfully completed.

It is noteworthy that two training demonstration sessions for special education students at the University of Texas (Austin) were conducted. In addition, four occupational therapy and four physical therapy students used the Center as a practicum site.

It will be possible to place a greater emphasis on this phase of the project during the next project year when more of the materials concerning the model will be available for dissemination.

GOAL 12: DOCUMENT AND EVALUATE PROGRAM GOALS, OBJECTIVES AND ACTIVITIES

The "Program Monitoring Form" indicates that seven activities were specified in relation to this goal. Except for the activity concerning the review of staff performance, these activities were conducted on a continuous basis over the project year. As can be seen, these activities pertain primarily to developing and revising the evaluation design as necessary, collecting the necessary information specified in the design and writing the reports needed. The evaluation of the various training programs (for example, preservice and inservice), is located in project files.

SUMMARY

This evaluation specifically pertains to the second year of this School Age Multihandicapped Project (SAM). A total of twelve goals were identified for PY 1978-79. The objectives and activities needed to achieve each goal were delineated in the "Program Monitoring Form". The evaluation of the SAM Project for PY 1978-79 concentrates specifically on the extent to which the various activities were completed in relation to the identified objectives and goals.

It can be concluded that, in general, the identified activities were successfully completed almost without exception. An inspection of the "% Completion" column on the "Program Monitoring Form" shows this quite clearly. The evaluation evidence needed to support the percentage completion statements is available and can be found in the project files.

The evaluator concludes, then, that this project is on target in terms of its stated goals. The same conclusion was reached last year at the end of the first year of project operation. The evaluator has been very impressed with the extent to which the goals, objectives and activities for this project have been delineated and made clear.

As was the case during the first year (PY 1977-78), the evaluator feels that this project has been well managed. The evaluator believes that there has been unusual clarity in this project from the standpoint of the project's goals, objectives and activities. It has been relatively easy to trace the development of this project from the beginning because of the degree of conceptual clarity concerning what was attempting to be accomplished. When this degree of clarity is evident, it is relatively easy to determine the extent to which the project is on schedule.

The evaluator also wishes to state again that the project director has been very cooperative during PY 1978-79. She has worked closely with the evaluator in collecting the evidence needed to evaluate the extent to which the activities, objectives and goals were achieved. The overall purpose of building a model with these school age multihandicapped youth that can be replicated in other locations has been maintained.

SCHOOL AGE MULTIHANDICAPPED PROJECT
Contract Number 300-77-0248

ANNUAL REPORT FOR FY 1979-1980
FOR THE PERIOD JULY 1, 1979 - JUNE 30, 1980

Joye A. Scheffler, Director

July 15, 1980

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School Age Multihandicapped Project
CAPITAL AREA REHABILITATION CENTER
919 West 28 1/2 Street
Austin, TX 78705
Telephone: 476-4567

Contract No. 300-77-0248

ANNUAL PERFORMANCE REPORT
FOR THE PERIOD JULY 1, 1979-JUNE 30, 1980

A. Program Information

This section covers the following areas:

1. Number and type of children receiving screening/assessment/ educational services

    - 3 new children referred prior to July 1, 1979, enrolled in the program for the school year 1979-1980
    - 12 children were re-referred for appropriate placement
    - 15 severely handicapped, orthopedically impaired children received educational/therapeutic services this year
    - 1 child withdrew from the program and entered a residential setting
    - 1 child reached age 21 and has been accepted by NOW Industries
    - 4 children have progressed to the point where they can function in the school district next year
    - 9 children were re-referred for appropriate placement for the school year 1980-1981
    - 0 new referrals have been accepted for next year due to program termination June 30, 1980

2. Number of parents or legal guardians of project children receiving consultation and training services:

    - Parents/guardians of all children screened received consultation and orientation materials on the model project.
    - Parents attended the following workshops this year:

Number Attending	Workshop
20	Audio Visual Presentation of Each Student's Progress (10-29-79)

Number Attending	Workshop
2	Stress Management (1-9-80)
4	Sign Language Class held one hour weekly (2/1/80 through 6/1/80)
2	Speech/Language Implications of Multihandicapped (2-29-80)
2	Parents & Professionals A Team Approach (3-5/6-80)
6	Estate Planning for the Handicapped Child (6-9-80)

- Parents/guardians of the 14 children have attended four (4) Center-wide parent/staff meetings and two (2) Center-wide conference days scheduled from 8:30 A.M. until 4:00 P.M.
- All parents of project children are involved in meetings and program planning for their children.

3. Number of project staff receiving pre and inservice training and consultation:

- A needs assessment has been completed on each staff member.
- Staff members have received training in the following areas:
    - Program Development & Evaluation (8-4-79)
    - Medical Policies & Procedures for CARC (8-23-79)
    - Heart Functions (10-3-79)
    - VTR Media Inservice (10-3-79)
    - Methods for Working with Severely/Profoundly Handicapped (11-5/6-79)
    - National Child Care Worker (11-7-79)
    - Advisory Council Task Force on Confidentiality (11-21-79)
    - Seizures (11-26-79)
    - Services for Severely/Profoundly Handicapped (11-26/28-79)
    - Confidentiality (11-30-79)
    - Severely Handicapped Conference (12-3/4-79)

- Review of Goals & Objectives/SAM Project (12-4-79)
- Policies & Procedures: Confidentiality of Records (12-5-79)
- Region XIII - Instructional Resource Center (1-2-80)
- Stress Management (1-9-80)
- Stress Management (1-10-80)
- T-CASE (1-17-80)
- Major Changes in Funding Serving Severely/Profoundly Handicapped (1-18-80)
- Programs for Gifted/Creative/Talented (1-22-80)
- Multidisciplinary Team Approach to Serving the Handicapped (1-22-80)
- Sign Language Class held one hour weekly (2/1/80-6/1/80)
- Therapeutic Touch (2/13/80)
- Positioning (2-14-80)
- Language & CP, Multihandicapped (2-28-80)
- Speech/Language Implications of Multihandicapped (2-29-80)
- Parents & Professionals: A Team Approach (3-5/6-80)
- Communication - Handicapped Children & Their Parents (3-6-80)
- Coping with Chronically Ill & the Dying Child (3-6-80)
- Time Management (3/25/80)
- Spanish Class held one hour weekly (5-1-80/6-1-80)
- Workshop for Emotionally Disturbed, Autistic & Learning Disabled (5-3/7-80)
- SPH Services (5-29-80)

Site Visits

Pat Hawkins, Program Officer, Bureau of Education for the Handicapped visited the SAM Project March 13, 1980. (See attached copy of BEAR FACTS, Capital Area Rehabilitation Center Newsletter dated March 20, 1980, regarding the BEH visit.

The Bear Facts

VOL. I CARC NEWSLETTER MARCH 20, 1980

Greetings to parents, staff and students! This is the first issue of the CARC's monthly newspaper. Please enjoy, and direct questions to co-editors Kathy Sikes and Marty Thompson.

BEH VISITS CARC

The SAM Project was recently visited by Pat Hawkins, Program officer for BEH in Washington. Pat spent the day with us Thursday, March 13.

She was very much impressed with what we are doing with the students and how well everyone interacted with the children.

A T-Ball game was scheduled for that afternoon to allow the project monitor to experience such an exciting event. She got so involved with it and she was seen running on to the field to stop James Monroe from getting the runner out.

Later that afternoon, she talked with Ms. Gustafson and Mrs. Kelly, parents of two S.A.M. children. We want to thank them for taking the time to share their thoughts with her.

OUR DEAF/BLIND PROGRAM

The Deaf/Blind Program at CARC provides services to 6 students, ranging in age from 3 years to 15 years. The staff consists of one teacher, 3 teaching assistants, and 1 pre-vocational coordinator. Direct and consultation services are provided by a speech/language pathologist, an occupational therapist, a physical therapist, a school nurse, and an audiologist. The department of social service is available for additional consultation and providing information regarding community resources.

From agreements reached at the Institute for Deaf/Blind Program Evaluation, November 17-19, 1978, there are 6 major areas of emphasis:

1. Social-emotional
2. Motor-physical
3. Communications
4. Functional living skills
5. Workskills/vocational training
6. Cognitive/intellectual

Family services should be a total program responsibility. Specific services provided are babysitting and respite care.

Parents are encouraged to observe the class whenever possible. Individual conferences should be scheduled in advance, and home visits are made to one family once every 6 weeks.

PHYSICAL THERAPY NEWS

The PT department has a new addition, her name is Kathy Sikes and she is a graduate of the

NURSE LEA'S HEALTH REPORT

Mario Constancio, Angela and Travis Hoelscher have all been recently discharged from the hospital and are back in school and/or ther py

Arthur Martinez and Julie Stewart are to be discharged shortly from Brackenridge and will be back at CARC soon.

Cathy Tedford, Becky Jones, and Becky Salas, are recovering from surgery and should be home soon.

The parents and staff all did a fine job of keeping the children well this winter. Sig and symptoms of illness were reported early and tended to promptly.

Sheila Zimmerman, the nursing student who i working with me this semester will begin screening the children's blood pressure next week. We will also be recording height and weight of each child so that we can make periodic comparisons. The data will be sent home at the parents at the end of the screening process.

HOWDY STUDENT TEACHERS

The Pre-Academic and the Academic classrooms have student teachers from U.T. Marla Dunsk is with Candy Garrison and Nancy Townsend i with Dorothy Derapelian.

Marla will be graduating in May with a degr in elementary education and certified in special education.

Nancy will graduate in July also with a deg in elementary education and certicification special education in the area of Crippling and Other Health Impairments.

They started at the Center on February 4th and will complete their student teaching on April 18. Upon graduation, Marla will move to Memphis and Nancy will remain in Austin. The staff and students are thoroughly enjoying having Marla and Nancy with us.

NEWS BRIEFS FROM THE EDUCATION DEPARTMEN

Five parents and two staff members participate in the 1st Annual Conference: Parents and fessionals-A Team Approach to Working with Severely Handicapped. Those who participated

4. Employment, time commitment and qualifications of staff employed under such activities:

   * All staff members are full time with the exception of (2) shared classroom teachers, (2) shared teacher aides and (1) shared Health Care Worker/Family Liaison. Fifty (50%) of the shared personnel's time is given to the SAM children and fifty (50%) to Capital Area Rehabilitation Center. Two (2) aides funded through a City grant assisted the teachers in the classroom. A small percent of one aide's salary was charged to the SAM grant. A volunteer donated 104 hours of time from August 3, 1979 - October 31, 1979. During the third quarter March 1, 1980 through June 30, 1980, (2) university special education students completed internships at the Center.

   * All staff resigned at the end of the program June 30, 1980 to go into their particular fields of interest with the exception of (1) teacher, (2) aides and the Health Care Worker/ Family Liaison who will remain at the Center. The project director and secretary/bookkeeper/disseminationist will remain under Modification 3 - No Cost Extension granted July 1, 1980 through July 31, 1980.

5. Preparation and utilization of facilities in support of the educational/training of project participants:

   Purchases were made as needed.

6. Achievement in cooperation with relevant state and local agencies and organizations for the delivery of services to severely handicapped children:

   * Write-up in Austin American Statesman (7,79)

   * Project Director appeared on KTTV (Channel 7) (10,79)

   * All project children and staff visited Texas Education Agency, Special Education Department for one hour (10,79)

   * Slide Tape Show - International Year of the Child Festival (11,79)

   * Slide Tape Presentation - Capital Area Rehabilitation Center Benefit (4,80)

   * SAM children appeared on KVUE (Channel 24) for Special Olympics (3,80)

   * SAM children participated in Special Olympics (local) (3,80)

   * SAM children participated in Special Olympics (state) (4,80)

- SAM children were filmed as part of United Way survey for KVUE (Channel 24) (6,80)
- Conference with personnel of Texas Education Agency regarding continuation of project beyond third year (11,79)
- Two Texas Education Agency consultants visited the site during the second quarter
- Contact made with Texas Education Agency personnel relative to State validation of project - second quarter
- Sixty-one project brochures were distributed to local school districts in the ten county area served by SAM, state education agencies and community centers this year
- Slide tape presentation viewed by SAM staff (12,79)

366 individuals from other agencies and organizations visited the project site. All visitors were briefed on program goals and objectives.

44 meetings and conferences held with parents/guardians

44 meetings and conferences held with LEA personnel

6 meetings and conferences held with state agency personnel

6 meetings and conferences held with other agency/organization personnel

2 meetings and conferences held with BEH personnel

283 telephone contacts with parents/guardians

77 telephone contacts with LEA personnel

97 telephone contacts with state agency personnel

47 telephone contacts with BEH personnel

269 pieces of correspondence regarding the project

75 copies of project brochure distributed to the public during the International Year of the Child Festival

7. Ancillary benefits which have occurred from the project:

- One of the most gratifying benefits which has occurred is the cooperation and coordination of services for target children and parents within the community. Excellent rapport has been established with parents, school districts and community agencies. In addition, parents have gained in knowledge and understanding of their rights and are better able to insure that their children receive appropriate services.

- Our project has been reviewed and we are awaiting the Texas Education Agency committee decision regarding State validation.

8. Special problems encountered and anticipated solutions:

- We have met with Texas Education Agency personnel regarding extension of this project and have been told that they have no funds for this purpose. Our project is being considered for validation by the State as an outstanding program; however, we have been told that there are no funds available for dissemination in the event approval is granted.

- We have requested and received Modification 3 - No Cost Extension granted July 1, 1980 through July 31, 1980 for the project director and secretary/bookkeeper/ disseminationist.

- Of the fourteen (14) children in the SAM Project, nine (9) will be remaining at the Center through the use of other funding sources; one student has reached age 21 and has been accepted by NOW Industries; four (4) students will be returning to their respective school districts.

- We feel that the SAM Project has been instrumental in enabling these students to acquire skills which will assist them in functioning in the public schools, and we are pleased that each year two or more children have been able to return to their school districts.

B. Third Party Evaluation Report

This section describes the degree to which project goals have been accomplished during this reporting period.

B. THIRD PARTY EVALUATION REPORT

PREPARED BY DR. DEAN C. ANDREW, EDUCATIONAL
PLANNING AND EVALUATION SERVICES, INC.
P. O. Box 689
MAGNOLIA, ARKANSAS 71753

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Program Description

I. Sources and Level of Funding

Year	Federal
1977-78	$123,590
1978-79	160,361
1979-80	210,211

II. Starting Date of Program: July 1977

III. Description of Project

A. Background Information

Public Law 94-142 of 1975 and Section 504 of the Rehabilitation Act of 1973 mandate that school districts provide a free appropriate public education to every handicapped child between the ages of 3-21 residing in their jurisdiction.

As P.L. 94-142 was implemented, there was a realization that LEAs needed assistance in providing the mandated constellation of services. The school districts in the area surrounding the Austin, Texas school district found that it was practically impossible for them to develop and support programs for their severely handicapped school age children as the number of children was small and required expertise and facilities not available. As a result they readily agreed to participate in a cooperative endeavor to submit a proposal to BEH for a grant to initiate services for these children under the administering agency of the Capital Area Rehabilitation Center.

The School Age Multihandicapped Project is one of five federally funded programs for severely handicapped, orthopedically impaired children in the nation, and the only one in Texas. Children who are accepted into the program are those who are currently underserved, those who are receiving no services or who are inappropriately served. The overall goal of the project is to implement a comprehensive education/training and related services model which provides a full range of services to 20 eligible severely handicapped, orthopedically impaired children/youth (ages 6-21 years in the Austin, Texas area) and to promote the development of skills necessary for achieving their full potential and development.

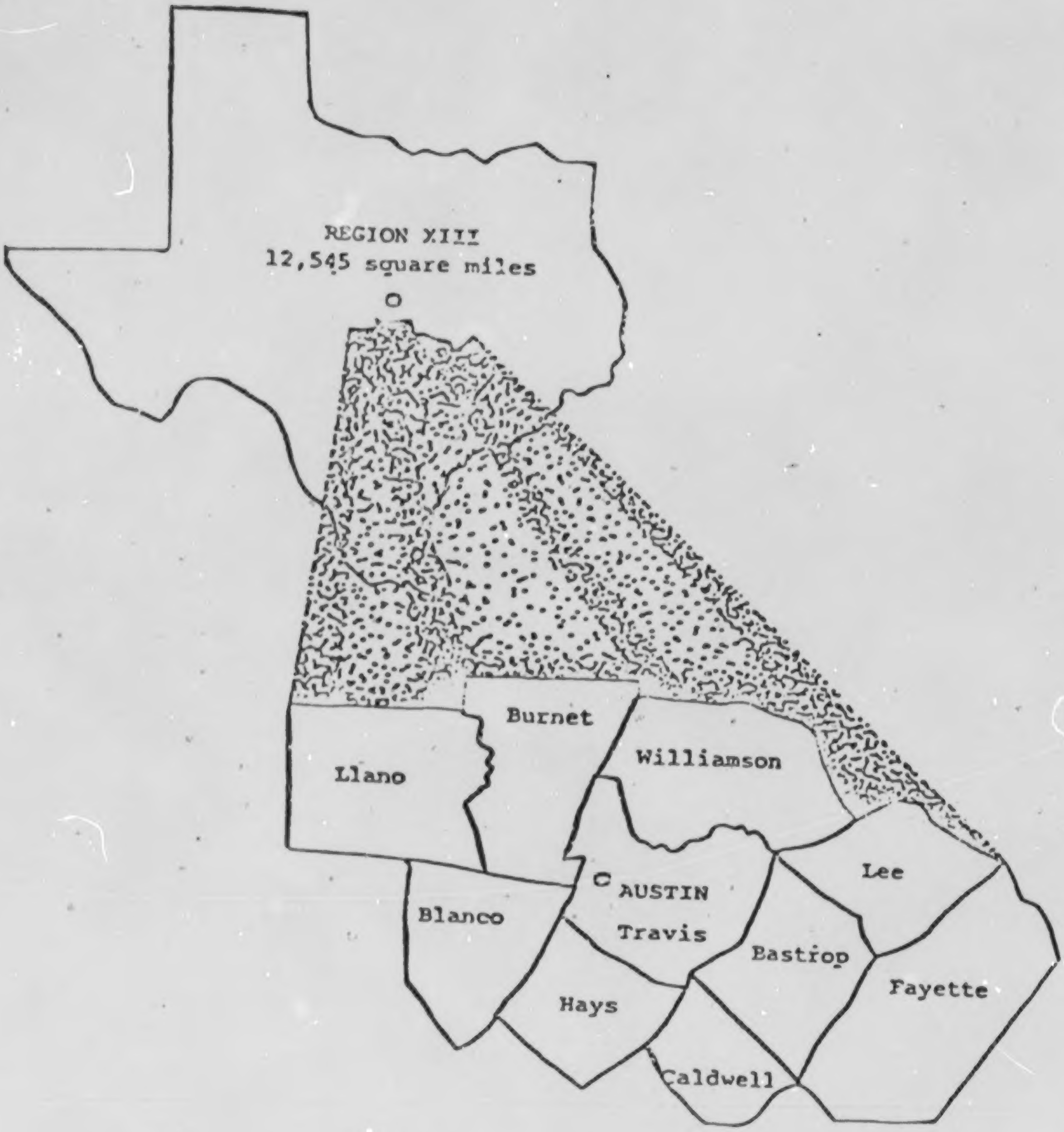
This evaluation report is to report information on the effectiveness of the project to achieve the projects 1979-80 objectives.

B. Locale and School System

The School Age Multihandicapped Project is located in Austin, Texas and serves children who reside in a ten-county area surrounding Austin. The area covers 12,545 square miles and includes Travis, Hays, Blanco, Bastrop, Caldwell, Williamson, Llano, Burnet, Lee, and Fayette counties. School districts in these counties are served by Education Service Center Region XIII (see map on following page).

There are 140 elementary and 79 secondary schools in the ten-county area. The population of this region was 446,602 in the 1970 census with Travis county having the largest population and Blanco county having the least population. The racial distribution among the ten counties averages approximately 68 percent Caucasian, 19 percent Hispanic, and 13 percent Black.

Information concerning the educational and economic characteristics of the population in the target areas show that people were below the average in income compared with the general United States population and below the average of citizens in the state of Texas.


REGION XIII
12,545 square miles
Llano
Burnet
Williamson
Lee
AUSTIN
Travis
Blanco
Bastrop
Fayette
Hays
Caldwell

C. Program Objectives

The objectives of the School Age Multihandicapped Program are as follows:

1. Students participating in the project with academic deficiencies will improve their academic skills as measured by standardized tests, by ratings on the AAMD Adaptive Behavior Scale, and by the number of instructional objectives mastered. It is expected that (1) the mean posttest scores or ratings on standardized instruments will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved.

2. Students participating in the project with language deficiencies will improve their language skills as measured by standardized tests, by ratings on the AAMD Adaptive Behavior Scale, and by the number of instructional objectives mastered. It is expected that (1) the mean posttest scores on standardized instruments will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved.

3. Students participating in the project with personal and social deficiencies will improve their personal and social skills as measured by the AAMD Adaptive Behavior Scale and by the number of instructional objectives mastered. It is expected that (1) the mean posttest rating on the AAMD Adaptive Behavior Scale will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved.

4. Students participating in the project with motor deficiencies will improve their motor skills as measured by standardized tests by ratings on the AAMD Adaptive Behavior Scale, and by the number of instructional objectives mastered. It is expected that (1) the mean posttest scores on standardized instruments will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved.

5. The project staff will produce a manual of forms that will be useful in due process procedures of PL 94-142 as rated by appropriate personnel in the TEA. It is expected that a mean rating of 3.0 on a 4.0 scale will be attained.

6. Parents of students in the SAM project will respond positively to the program activities as measured by a feedback questionnaire. It is expected that 70 percent of responses will be positive.

D. Description of Program Variables

1. Personnel Variables

The personnel involved in the SAM project included students, teachers, aides, administrative staff, supportive staff, and evaluator. Information about them is summarized below.

a. Students. The students involved in the program were children between ages of six and twenty-one years whose primary handicapping condition was orthopedic impairment in addition to other handicaps. Their disabilities were so severe as to preclude their enrollment in the public school in their district of residence. Their handicaps in addition to orthopedic included other health impairment, mental retardation, and speech impairment.

Existing referral sources were utilized in the identification of children for the project. These referral services included school personnel, Child Find staffs, Department of Human Resources, Austin-Travis County Health Department, private physicians, local education agencies, and parents.

To be eligible for participation in the program, the students had to be between the ages of 6 and 21 years of age, orthopedically impaired in addition to any other handicap; and must live within the ten county area served by Texas Education Service Center Region XIII.

Persons involved in the assessment and decision making process for placing students in the program were supervisors/coordinators, Education Service Center staff, parents, and teachers and therapists of Capital Area Rehabilitation Center. The final selection of the children who participated in the program was the primary responsibility of the teachers, director, and administrator at CARC.

A total of 15 students were enrolled in the program during the 1979-80 program year. The age distribution shows that as of September 1, 1979, the enrollment consisted of 3 six-year-olds, 2 eight-year-olds, 2 nine-year-olds, 3 ten-year-olds, 2 twelve-year-olds, 1 fourteen-year-old, 1 seventeen-year-old, and 1 twenty-one-year-old. The number of students from each county was as follows: Bastrop-0; Blanco-0; Burnet-0; Caldwell-0; Fayette-0; Hays-2; Lee-0; Llano-0; Travis-8; and Williamson-5. Table 1 presents the characteristics of the students involved in the program.

Table 1: CHARACTERISTICS OF STUDENTS INVOLVED IN THE SAM PROJECT

Student Initial	Age	Sex		Race			Handicapping Condition			
		M	F	B	W	O	OH	OHI	MR	SH
AC	6		X			X	X	X		
JE	10	X			X		X	X		
MF	21		X	X			X		X	
CG	17	X			X		X	X		
JK	6		X		X		X	X		
DK	8		X		X		X			X
JM	8	X		X			X			X
AR	10		X		X		X		X	
CT	9		X		X		X	X		
KL	10	X			X		X			X
JB	12	X				X	X	X		
CC	9	X			X		X	X		
EN	6	X		X			X		X	
JS	14	X				X	X	X		
ST	12		X		X		X	X		
15		8	7	3	9	3	15	9	3	3

b. Teachers. Two fulltime teachers were involved in the School Age Multihandicapped Program. One teacher worked fulltime while two worked parttime. All were females with bachelors degrees. Due to a teacher turnover, four different people were involved during the year. One teacher worked with students in the SAM I class; the other teacher served the SAM II class participants. Table 2 below shows the name, sex, race, training and experience of the teachers in the program.

Table 2: CHARACTERISTICS OF THE TEACHERS IN THE SAM PROJECT

Name	Sex		Race		Degree	Years of Experience
	M	F	B	W		
Dorothy Derapelin		X		X	BS	3
Rose Ledisma		X		Sp	BS	½
Candace Garrison (half time)		X		X	BS	5
Glenda Torrence* (half time)		X		X	BS	2

*Replaced Rose Ledisma

c. Teacher Aides. Eleven teacher aides were involved in the program during the year. Some of the aides were fulltime and two were parttime. Three of the aides were replacement for others who resigned during the year. The educational levels of the aides varied from high school graduates to master's level personnel. Two of the aides were male while the others were female. The racial composition of the group showed there were one black, two Spanish, and eight white. The experience of the aides varied from no experience to two years of experience. Table 3 below presents information on the teacher aides involved in the SAM program.

Table 3: CHARACTERISTICS OF TEACHER AIDES INVOLVED IN THE SAM PROJECT

Name	Sex		Race		Degree	Years of Experience
	M	F	B	W		
Russell Alexander*	X			X	HS	2
Beverly Asher		X		X	HS	2
Margot Burnham		X		X	MA	2
Mary Marcia Dunlap*		X		X	BA	1
Araceli Gonzales*		X		Sp	BA	2
Mercedes Gonzales (half time)		X		Sp	HS	2
Gary Liberty**	X			X	2 yrs. college	1
Bobbie Coley (half time)		X	X		HS	2
Kay Brown***		X		X	HS	3
Alice Rombo****		X		X	B	½
Martha Thompson		X		X	BA	0

*Paid from CETA funds
**Replaced Mary Marcia Dunlap
***Replaced Alice Rombo
****Replaced Martha Thompson

d. Administrative and Supportive Staff. In addition to the instructional personnel, the professional staff of the project included an executive director, director, three occupational therapists, a physical therapist, speech therapist, and registered nurse. With the exception of the executive director, all staff members received salaries from project funds. Table 4 presents characteristics of the administrative and supporting staff.

Table 4: CHARACTERISTICS OF THE ADMINISTRATIVE AND SUPPORTIVE STAFF OF THE SAME PROJECT

Name	Position	Sex		Race		Degree	Years of Experience
		M	F	B	W		
Nadea Gizelbach	Executive Director		X		X	PhD	25
Joye Scheffler	Project Director		X		X	MEd	16
Janet Bottenberg*	Occupational Therapist		X		X	BS/OTR	4
Kathy Cloud*	Physical Therapist		X		X	LPT	5
Dorothy Hoelscher*	Speech Therapist		X		X	MEd	6
Sarah Reves*	Occupational Therapist		X		X	BS/OTR	1
Mary Pratt*	Occupational Therapist		X		X	BS/OTR	2
Lea Melvin (½ time)	Nurse and Family Liaison		X		X	BSN	2

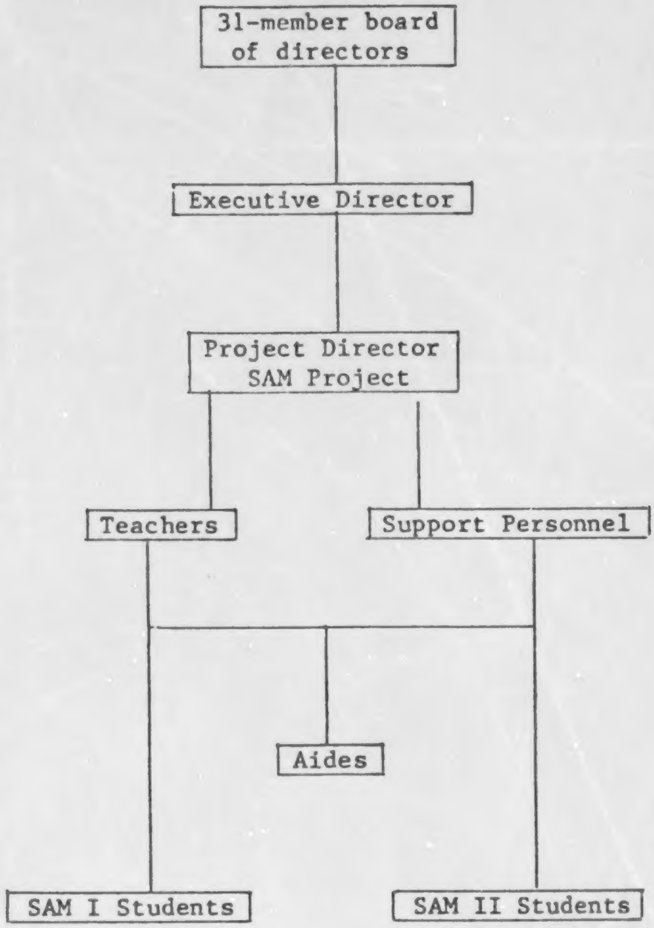
*Provide consultant services

e. Evaluator. The evaluator for the project was Dr. Dean C. Andrew of Educational Planning and Evaluation Services, Inc., located in Magnolia, Arkansas. Dr. Andrew holds the doctoral degree in educational psychology and has thirty years' experience in teaching, administration, and program evaluation.

2. Instructional or Process Variables

The instructional or process variables in the School Age Multihandicapped Program were the organization, program activities, facilities, and program costs. They are described below.

a. Organizational Structure. The grant award was given to the Capital Area Rehabilitation Center to be implemented in ten counties in central Texas. The Capital Area Rehabilitation Center, a private non-profit organization, was the administering agency. The physical facilities were located at the Center in Austin, Texas. The schematic below shows the administrative channels for the project.


31-member board of directors
Executive Director
Project Director SAM Project
Teachers
Support Personnel
Aides
SAM I Students
SAM II Students

b. Program Activities

(1) Identification and Placement Activities

Children referred for services followed an appraisal process which included referral, screening, analysis of screening data and least restrictive alternatives, a comprehensive assessment by a multidisciplinary staff, and development of an individual educational program (IEP) prior to implementation, monitoring and evaluation of participants' educational/training program. All identification and instructional activities were conducted following informed parental consent.

The comprehensive individual assessment and diagnosis determined pupil eligibility for inclusion in the severely and orthopedically handicapped program. Eligibility for the program was determined by one or a combination of more than one of the five following factors in addition to orthopedic handicaps:

(a) Intelligence Factors

A written report was required of intellectual functioning consisting of individually administered test(s) of mental ability designed to assess a wide range of intelligence factors from both verbal scales/items, or their non-verbal equivalents, and performance scales/items.

(b) Educational Functioning

A written report was required of educational appraisal which included assessment of abilities and disabilities and instructional and behavioral recommendations for teaching which described educational environment and specific methods and strategies which would maximize learning.

(c) Sociological Variables

A written appraisal was required of sociological varibles including family dynamics and home environmental situation influencing the student's learning and/or behavioral patterns. Sociological data was obtained by means of a parent conference, video taping and completion of a sociological information form.

(d) Medical and Health Factors

A physician's written report was required of general medical evaluation including a description of the handicapping condition. This information was obtained in order to meet eligibility requirements before the child was admitted to the program and periodically thereafter for continued services.

(e) Emotional and/or Behavioral Factors

A written appraisal was required of emotional and/or behavioral factors including data gathered from psychological and/or medical sources, teacher observation, and/or family informaiton. This information was obtained when a behavioral and/or emotional problem was perceived or suspected by either the referring source, screening committee, appraisal personnel, or as required to meet eligibility criteria.

Following the receipt of a written recommendation for the child's placement in the least restrictive environment by the multidisciplinary team, the project staff forwarded the information to or shared the information with the parents. If placement in CARC was recommended for the child, then the team or representative participated in the development of the child's IEP.

Individual Educational Programs for each child/youth reflected the findings of appropriate medical and educational diagnosis and appraisal. Baseline data (current level of behavior) was collected on each project participant, and appropriate intervention programs were planned in each of the following areas of emphasis:

-Physical development (gross and fine motor)
-Sensory integrative and neuro-developmental tasks
-Self-help skills
-Orientation, mobility, and independent travel skills
-Communication skills
-Social-emotional growth and development
-Leisure-time activities and community living skills
-Pre-vocational and vocational training
-Development of intellectual functioning
-Functional academic skills
-Family counseling and parent training

(2) Instructional Activities

Instructional activities for participants in the program were based on their IEP. The beginning level of performance for each objective was determined. Activities, materials, techniques to achieve the objectives were identified. All programs were developmentally based and sequenced accordingly.

For many of the children a formal type of curriculum was used. Following is a list of published curriculum used in the academic class.

System 80
Peabody, Language
Harcourt, Brace Reading Series
Rebus, Reading
Silver Burdett, Reading
MacMillan, Reading and Math
Scott Foresman, Reading, Spelling Social Studies; Science
Webster/McGraw-Hill, (Same as Scott Foresman)

In the Sensory Motor class the curriculum was totally developmentally based. The instructional program was divided in two levels, SAM I and SAM II. The two levels were taught in two separate classrooms with children ranging in age from 6-21 in both levels.

(a) Sam I Class (Sensory Motor Class)

The SAM I classroom was designed for severely orthopedically handicapped children whose independent mobility and communication skills were low. The room itself was arranged to provide major areas of carpeted floor space so that the children had room to move freely when out of their wheelchairs. There were mirrors on the wall to help stimulate body awareness and a sandbox filled with beans in one corner which was used for sensory activities. There were specially designed adaptive chairs and a table area for table activities and meals.

A variety of teaching materials and toys were available to teachers and students. Musical toys and instruments were especially important to the children. Some of the toys were designed to stimulate infant play skills, while others helped develop pre-academic concept formation.

1) Curriculum for 6-12 year olds

The program for the children in the 6-12 year category was designed to increase functional living skills, communication skills, and body awareness. A specific educational program for each child was designed in cooperation with the speech therapy, occupational therapy and physical therapy departments. Below is a list of program areas used in the 6 to 12 year category.

a) Communication skills--developing a gesture for "yes and no," developing a pointing response for directionality and objectives, developing a gesture for "bye-bye"

b) Infant play skills--using a string to obtain a toy, picking up and manipulating small objects

c) Body awareness--experiencing various tactile sensations to the body, massages, water play, identifying body parts

d) Functional living skills--toilet training, self-feeding

e) Perceptual motor skills--tolerating different body positions, sustaining a prone on elbows position for a specific time

f) Recpetive language and attention span--attend when name called, attend to cue "look," pointing to picture vocabulary cards

g) Social and environmental awareness--group activities such as singing and dramatics, field trips

h) Basic concept formation--identify pictures, match objectives

i) Auditory perception--finding hidden sound object, identify environmental sounds

2) Curriculum for 13-18 year olds

The program for the 13-18 year age category consisted of teaching higher level communication and functional living skills, as well as basic concept formation, body awareness and increasing social and environmental awareness. These children were developing skills to use a communication board system, to be as independent as possible for eating and mobility, which would eventually lead to developing basic pre-vocational skills.

The folloiwng is a list of program areas used with the 13-18 year category. Some activities used in each area were:

a) Communciation skills--gaining functional use of a communication board, identifying vocabulary cards, following three-step commands

b) Basic concept formation--developing an understanding of same and different, spatial concepts, loud and quiet, size matching, sorting objects, identifying colors, gaining a concept of number

c) Visual-motor skills--assembling puzzles, cutting with scissors, copying patterns

d) Functional living skills--dressing and undressing, self-feeding, hygiene

e) Arts and sensory experiences--finger painting, water play, singing, music

f) Social and environmental--group activities such as dramatizing stories, field trips

(b) SAM II (Pre Academic/Academic Class)

SAM II was designed for verbal students who were able to do pre-academic and academic work. Individualized educational plans were provided for each student concentrating on the areas that were most relevant to him/her. Skills developed were those dealing with socialization, basic concepts, listening, visual and auditory association, language, self-help, pre-vocational and vocational, and the academic skills. A group occupational therapy session concentraing on sensory motor skills was incorporated into the students' program. Because the purpose of this level of instruction was to provide needed experiences with different situations that the classroom, and sometimes the home environment, does not provide, field trips were an important element in the SAM II class.

1) Curriculum for 6-8 year olds

Activities for age group 6-8 entailed language (Peabody activities, "Got to Be Me" series, story time and role playing); socialization (washing and drying each others' hair, painting murals, cooking, and field trips); self-help (feeding, dressing and pushing own wheelchairs); the various perceptual motor skills (cutting, coloring, throwing and kicking balls); sensory awareness (rolling, finger painting with different substances, shaving cream and cornstarch with water play) and pre-academic (learning shapes, colors, basic concepts, letters and numbers); through academic skills (reading, math and handwriting).

2) Curriculum for 9-21 year olds

For the age group 9-12, the activities were quite similar to the above age group. In the SAM II classroom, the ages ranged from 6-9 and 10-21. Efforts were concentrated on enhancing whatever academic strengths students possessed and incorporating academic achievement into vocational and job readiness skills. Vocational skills involved cooking, washing, and drying dishes, preparing own lunch, and job readiness. Job readiness included such aspects as grooming, attitude towards work, promptness and courtesy.

The goal for the SAM II classroom was eventual public school placement, if and when the student was mentally, emotionally and physically ready, and/or vocational placement in various local agencies using the same criteria.

The SAM students met daily Monday through Friday for a ten month period of educational instruction. During the other two months, the students received therapy services. The amount of time spent in class by the project students varied according to their needs. The class periods varied from 30-60 minutes depending upon the type of instruction or therapy being conducted. Grouping of students varied according to common needs and abilities of the students. Instruction varied from one-on-one tutoring, small groups of 2-3 students, and large groups of ten students.

Volunteer aides assisted the teachers and support personnel in the instruction/training process. The pupil/teacher/teacher aide ratio was 1 to 2.

(3) Inservice Training Activities

The planned training activities for the project included the provision of thirty (30) hours of structured training for project staff members and provision of 16 hours of parent training to families of participating students. Information in Table 5 summarizes the staff training activities conducted during the 1979-80 school year, while Table 6 presents information on parent training activities conducted during the same period of time.

Table 5: THE STAFF TRAINING ACTIVITIES CONDUCTED DURING THE 1979-80 PROJECT YEAR

Date	Topic	Site	Presentation Time	Number of Staff in Attendance
8-4-79	Program Development & Evaluation	CARC	3 hrs.	3
8-23-79	Medical Policies & Procedures for CARC	CARC	1 hr.	2
10-3-79	Heart Functions	CARC	1 hr.	6
10-3-79	VTR Media Inservice	CARC	1 hr.	2

Table 5 (con.)

Date	Topic	Site	Presentation Time	Number of Staff in Attendance
11-5/6-79	Methods for Working with Severely/Profoundly Handicapped	ESC XIII	7 hr.	1
11-7-80	National Child Care Worker	Sheraton Crest	7 hr.	1
11-21-79	Advisory Council Task Force on Confidentiality	ESC XIII	4 hr.	2
11-26-79	Seizures	CARC	3 hr.	9
11-26/28/79	Services for Severely/Profoundly Handicapped	Wash. DC	18 hrs.	2
11-30-79	Confidentiality	CARC	½ hr.	8
12-3/4-79	Severely Handicapped Conference	Joe Thompson Center	12 hrs.	2
12-4-79	Review of Goals & Objectives/SAM Project	CARC	1 hr.	6
12-5-79	Policies & Procedures: Confidentiality of Records	CARC	1 hr.	11
1-2-80	Region XIII Instructional Resource Center	ESC XIII	2 hrs.	8
1-9-80	Stress Management	CARC	1½ hrs.	8
1-10-80	Stress Management	ESC XIII	7 hrs.	2
1-17-80	T-CASE	Hilton	3 hrs.	1
1-18-80	Major Changes in Funding Serving Severely/Profoundly Handicapped	Hilton	2 hrs.	1
1-22-80	Programs for Gifted/Creative/Talented	ESC XIII	7 hrs.	1

Table 5 (con.)

Date	Topic	Site	Presentation Time	Number of Staff in Attendance
1-22-80	Multidisciplinary Team Approach to Serving the Handicapped	ESC XIII	7 hrs.	1
2-1-80/ 6-1-80	Sign Language Class	CARC	1 hr. wkly (16 hrs. T.)	6
2-13-80	Therapeutic Touch	UT	2 hrs.	1
2-14-80	Positioning	CARC	1 hr.	8
2-28-80	Language & CP, Multihandicapped	CARC	2 hrs.	5
2-29-80	Speech/Language Implications of Multihandicapped	CARC	1 hr.	1
3-5/6-80	Parents & Professionals A Team Approach	CARC	11 hrs.	2
3-6-80	Communication - Handicapped Children & Their Parents	CARC	1 hr.	8
3-6-80	Coping with Chronically Ill & the Dying Child	Hilton (S.A.)	8 hrs.	2
3-25-80	Time Management	Howard Johnson's	2 hrs.	2
5-1-80/ 6-1-80	Spanish Class	CARC	4 hrs.	10
5-3/7-80	Workshop for Emotionally Disturbed, Autistic & Learning Disabled	ESC XIII	40 hrs.	1
5-29-80	SPH Services	Travis State School	3 hrs.	2

Table 6: THE PARENT TRAINING ACTIVITIES CONDUCTED DURING THE 1979-80 PROJECT YEAR

Date	Topic	Site	Presentation Time	Number of Parents in Attendance
10-29-79	Auido Visual Presentation of Each Student's Progress	CARC	2 hrs.	20
1-9-80	Stress Management	CARC	1½ hrs.	2
2-1-80/ 6-1-80	Sign Language Class	CARC	1 hr. wkly (16 hrs T.)	4
2-29-80	Speech/Language Implications of Multihandicapped	CARC	1 hr.	2
3-5/6-80	Parents & Professionals A Team Approach	CARC	11 hrs.	2
6-9-80	Estate Planning for the Handicapped Child	CARC	2 hrs.	6

(4) Parent-Family Activities

A number of parent-family activities were conducted by the project staff. The overall purpose of these activities was to involve the parents in the educational process of their children. The following parent-family activities were conducted during the 1979-80 project year:

(a) Regularly scheduled parent conferences were held. At least three conferences were held with each parent.

(b) Contacts were made with the home through telephone or personal visits. A daily home log book was used to record home and school comments of teachers and parents.

(c) Regional and state special olympics were held in which the students were involved. Parents assisted in the olympics.

(d) Parents were involved in helping to take students on field trips.

(e) Inservice workshops were held with parents. These were described in the previous section.

(f) Many of the project staff babysat with program children after school and on weekends.

(g) Parents are encouraged to visit classes and to observe their child as he/she receives instructional or therapy service.

(h) Parents provided permission to allow their child to be involved in a Buddy Program with the University of Texas Special Education trainees. They also have an opportunity to observe the Buddy Program in operation.

(5) Coordination Activities

Extensive efforts were made to coordinate project activities with activities of other ongoing programs. The following coordination activities were conducted by the project staff.

(a) When local school districts integrated project students back into their system, the receiving teachers visited the project to observe the teachers and children.

(b) The project cooperated with college and university teacher education programs by providing practicum experiences for prospective special education teachers, occupational therapists, and physical therapist.

(c) Volunteers from various community agencies were used in various project activities.

(d) The project staff participated in the University of Texas Buddy program. This is a program where prospective special education teachers have an opportunity to have observational and direct experiences with a handicapped child.

(e) The project staff worked with the State Department of Human Resources to provide needed help to students and their parents.

(6) Dissemination Activities

Several activities were conducted to make the public aware of the services available to help school age multi-handicapped whose disabilities were so severe they could not attend the regular educational facilities. The kinds of dissemination activities conducted by the project staff are listed below:

(a) Various newspaper articles were published describing project activities and events.

(b) Numerous contacts were made with the LEAs in the area to tell them about the project soliciting participants and informing them of project activities

(c) Information about the project was disseminated over radio and TV

(d) Various contacts were made with special education directors and special education personnel in the Texas Education Agency to inform them about the project and ongoing project activities

(e) Brochures were distributed throughout the region and to persons requesting information about the program

(f) Information was distributed inviting people to visit the program and many responded

(g) Many presentations and exhibits were made to civic groups and professional associations.

c. Facilities

The SAM project operated as a private institution and was housed in the Capital Area Rehabilitation Center in Austin, Texas. This facility also served as a program for preschool handicapped children and deaf-blind children.

The space allotted the SAM project included two classrooms approximately 30 feet by 20 feet, an office, an observation room and a therapy treatment room. Restrooms, cafeteria, and gymnasium, including an indoor heated pool, were shared with other persons and programs at the Center.

d. Program Costs

The funds for operating the project came from federal and local funds. The project budget is shown below.

Expenditure Category	Amount
Salaries	$95,649
Benefits	7,940
Purchased and Contract Services	34,392
Supplies and Materials	5,629
Capital Outlay	-0-
Indirect Costs	45,984
Carryover funds	20,617
Total	$210,211

3. Behavioral Variables

Both cognitive and affective behaviors were of concern in the project. The cognitive behaviors involved in the project were: (a) students' improvement in their academic, language, social and motor skills and (2) project staff's ability to produce a manual of due process forms.

Affective behavior of concern in the project was the positive response of parents toward the program activities.

IV. Planned Evaluation

The planned evaluation was designed to answer the questions: (1) Have the handicapped children improved their deficiencies in the areas of academic subjects, language, personal and social relations, and motor functioning? (2) Can the project staff develop a manual of forms that will be useful in due process procedures of PL 94-142? and (3) Do parents of children in the program respond positively toward the program?

The evaluation design for the instructional program was the pre-post design.* The evaluation plan for the other activities was the use of action research to provide formative evaluation information.**

V. Evaluation Findings

A. Product Evaluation

In this section each objective will be stated followed by a statement of how the objective was measured and a summary analysis of the data collected.

Objective 1: Students participating in the project with academic deficiencies will improve their academic skills as measured by standardized tests, by ratings on the AAMD Adaptive Behavior Scale, and by the number of instructional objectives mastered. It is expected that (1) the mean posttest scores or ratings on standardized instruments will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of project objectives to be achieved.

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*Adapted from Campbell, B. T. and Stanley, J. E., Experimental and Quasi-Experimental Design for Research, (Rand McNally and Co., Chicago, 1966.)

**Isaac, Stephen and Michael, William B., Handbook in Research and Evaluation, (Robert R. Knapp Publishers, San Diego, California, 1971), pp. 27-30.

To measure the extent students with academic deficiencies improved their academic skills, a standardized achievement test was administered to those students whose learning aptitude enabled them to do academic or pre-academic work. The test administered was appropriate to the students' level of learning. A pretest was administered in the Fall 1979 and a posttest was administered in the Spring 1980. Raw score data were compared to determine gains in achievement. Standardized instruments used were the Woodcock Reading Mastery Test, Key Math Test, Circus Test, and the academic scale of the AAMD, Adaptive Behavior Scale. Table 7 presents the raw score gains made by SAM students on the various standardized ahcievement instruments.

Table 7: THE GAINS MADE BY THE SCHOOL AGE MULTIHANDICAPPED STUDENTS ON VARIOUS STANDARDIZED ACADEMIC SKILL MEASURING INSTRUMENTS

Test	N	Pretest Mean	Posttest Mean	Difference	T-Ratio
1. Woodcock Reading Test	3	100.33	107.00	6.67	1.578
2. Key Math Test	3	89.00	109.67	20.67	.631
3. Circus Test					
a. Finding letters and numbers	5	12.40	17.00	4.60	2.256**
b. Do you know	5	22.60	28.00	5.40	4.467*
c. Copy what you see	5	25.60	37.00	11.40	2.735**
d. How words work	5	17.40	19.80	2.40	4.686*
e. See and remember	5	10.00	14.60	4.60	1.854
f. Look alikes	5	17.40	21.40	4.00	3.067**
4. AAMD - Academic Scale	14	5.14	6.57	1.43	3.821*

*significant at the .01 level of confidence
**significant at the .05 level of confidence

The data in Table 7 show that the handicapped students made significant improvement in their academic skills in six of the nine different measures used in this objective. The gains made on five of the circus subtests and on the academic scale of the AAMD adaptive behavior scale were significant at the .01 or .05 level of confidence. This means that the gains made would happen less than 5 times out of 100 (.05) or 1 time out of 100 (.01) by chance. The gains made on the remaining three measures were not significant.

In addition to standardized test results, student academic achievement gain was measured by the number of short term academic objectives accomplished on students' IEPs. Table 8 shows a comparison of the mean number of projected and actual instructional objectives mastered by SAM students in the 1979-80 school year.

Table 8: A COMPARISON OF THE NUMBER OF ACADEMIC INSTRUCTIONAL OBJECTIVES MASTERED WITH THOSE PROJECTED TO BE ACHIEVED BY STUDENTS IN THE SAM PROJECT

N	Mean Number Projected	Mean Number Mastered	Percent Mastered	Time in Program
14	16.28	13.36	82	8 months

The data in Table 8 show that an average of 16 instructional objectives in the academic area were projected for each child in project SAM. The average number of academic objectives mastered by the participants was 13.36 or 82 percent of the projected number. The expected criterion level stated in the objective was achieved.

Objective 2: Students participating in the project with language deficiencies will improve their language skills as measured by standardized tests, by ratings on the AAMD Adaptive Behavior Scale, and by the number of instructional objectives mastered. It is expected that (1) the mean posttest scores on standardized instruments will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved.

Students' language achievement gains were measured by comparing pre and posttest results on various standardized measuring instruments and by determining the number of short term objectives mastered on students' IEPs. A pretest measurement was made at the beginning of the school year, and the same test was administered at the end of the school year as a posttest. The measuring instruments used to assess language skill achievement gains were Peabody Picture Vocabulary Test, Detroit Test of Language Aptitude, the language section of the Bayley Scales of Infant Development, and the language development section of the AAMD Adaptive Behavior Scale. Table 9 summarizes the test results showing improvement in SAM students' language skills on the various standardized measures.

Table 9: THE GAINS MADE BY THE SCHOOL AGE MULTIHANDICAPPED STUDENTS ON VARIOUS STANDARDIZED LANGUAGE MEASURES

Test	N	Pretest Mean	Posttest Mean	Difference	T-Ratio
1. Peabody Picture Vocabulary	8	52.00	58.12	6.12	2.629**
2. Detroit Test of Language Aptitude					
a. Verbal opposites	4	19.00	24.75	5.75	1.841
b. Oral directions	2	8.00	11.00	3.00	1.000
c. Visual attention	2	38.50	48.50	10.00	9.998**
d. Attention to unrelated words	2	41.50	51.00	9.50	6.335**
e. Attention to related words	2	39.00	59.00	20.00	5.000
3. Bayley-Language	4	76.5	89.50	13.00	4.170**
4. AAMD - Language Scale	14	21.50	24.14	2.64	1.944**

*significant at .01 level of confidence
**significant at .05 level of confidence

The information in Table 9 indicates that the students made positive gains in their language skills on all of the measured used. The amount of the gain was significant at the .01 or .05 level of confidence on 5 of the 8 measures used. On three of the subtests of the Detroit Language Aptitude Test, the gain was not significant. The small number of students taking the subtests and the variability of scores was undoubtedly a factor in preventing a significant gain on these subtests even though a sizeable numerical gain was made.

In addition to standardized test results, student academic achievement gain was measured by the number of short term language objectives accomplished on students' IEPs. Table 10 shows a comparison of the mean number of projected and actual language instructional objectives mastered by SAM students in the 1979-80 school year.

Table 10: A COMPARISON OF THE NUMBER OF LANGUAGE INSTRUCTIONAL OBJECTIVES MASTERED WITH THOSE PROJECTED TO BE ACHIEVED BY STUDENTS IN THE SAM PROJECT

N	Mean Number Projected	Mean Number Mastered	Percent Mastered
13	11.69	10.46	89

The information in the above table shows the students in the SAM project mastered 89 percent of the language instructional objectives projected to be achieved. This percent exceeded the expected level stated in the program objective.

Objective 3: Students participating in the project with personal and social deficiencies will improve their personal and social skills as measured by the AAMD Adaptive Behavior Scale and by the number of instructional objectives mastered. It is expected that (1) the mean posttest rating on the AAMD Adaptive Behavior Scale will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved.

Accomplishment of Objective 3 was measured by administering the AAMD Adaptive Behavior Scale as a pre and posttest and comparing the scores made on the various personal and social adjustment subscales. A second measure of Objective 3 was to determine the number of short term objectives mastered on students' IEPs. Information on the pre and posttest results on the AAMD is shown in Table 11.

Table 11: THE RAW SCORE GAINS MADE BY SAM STUDENTS ON TEACHER RATINGS ON VARIOUS PERSONAL AND SOCIAL ADJUSTMENT FACTORS ON THE AAMD ADAPTIVE BEHAVIOR SCALE*

Factor	N	Prerating Mean	Postrating Mean	Gain	T-Ratio
1. Independent Functioning	14	41.07	46.93	5.86	2.956**
2. Economic Activity	14	2.57	5.14	2.57	3.753**
3. Self Direction	14	13.07	14.43	1.36	1.369
4. Responsibility	14	3.64	4.07	.42	1.579
5. Socialization	14	20.14	22.36	2.22	2.346***
6. Violent and Destructive Behavior	14	.64	.57	.07	.323
7. Antisocial Behavior	14	2.00	.86	1.14	1.421
8. Rebellious Behavior	14	2.64	1.21	1.43	1.225
9. Untrustworthy Behavior	14	.28	.21	.07	.366
10. Withdrawal	14	1.64	1.93	.29	.439
11. Stereotyped Behavior and Old Mannerism	14	1.14	.36	.78	1.758
12. Inappropriate Behavior	14	.64	.29	.35	1.325
13. Unacceptable Vocal Habits	14	1.50	1.00	.50	1.836***

Table 11 (con.)

Factor	N	Prerating Mean	Postrating Mean	Gain	T-Ratio
14. Unacceptable or Eccentric Habits	14	2.35	1.21	1.14	1.727
15. Hyperactive Tendencies	14	.79	.36	.43	.726
16. Psychological Disturbances	14	3.64	3.28	.36	.449

*positive gain on factors 1-5 is desirable while negative gain on factors 6-16 is desirable
**significant at .01 level of confidence
***significant at .05 level of confidence

The information in Table 11 shows that the SAM students made a significant gain in four of the personal and social skills measured. Improvement was noted on the other twelve skills measured, but the amount of the gain was not significant.

In addition to standardized test data, the number of IEP short term personal and social adjustment instructional objectives mastered by students was used to measure achievement of Objective 3. Table 12 presents a comparison of the projected and actual number of personal and social adjustment objectives achieved as rated by teachers of SAM teachers.

Table 12: A COMPARISON OF THE NUMBER OF PERSONAL AND SOCIAL ADJUSTMENT OBJECTIVES MASTERED WITH THOSE PROJECTED TO BE ACHIEVED BY STUDENTS IN THE SAM PROJECT

N	Mean Number Projected	Mean Number Mastered	Percent Mastered
14	10.29	8.71	85

The data in Table 12 indicates that an average of ten personal and social adjustment instructional objectives were projected to be achieved by the SAM students. An average of 8.71 or 85 percent was achieved. Thus the expected level stated in the program objective was achieved.

Objective 4: Students participating in the project with motor deficiencies will improve their motor skills as measured by standardized tests by ratings on the AAMD Adaptive Behavior Scale, and by the number of instructional objectives mastered. It is expected that (1) the mean posttest scores on standardized instruments will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved.

Students' improvement in motor skills was measured by administering various pre and post standardized measures to participants in the SAM program and comparing the resulting test scores. The test taken by the student was determined by the level of his motor ability and the appropriateness of the test or subtest. Tests administered were the Bayley Scales of Infant Development, Frostig Development Test of Visual Perception, and the physical development section of the AAMD Adaptive Behavior Scale. Table 13 shows an analysis of SAM students' achievement gains in motor skills.

Table 13: THE GAINS MADE BY THE SCHOOL AGE MULTIHANDICAPPED STUDENTS ON VARIOUS STANDARDIZED MEASURING INSTRUMENTS THAT ASSESS MOTOR SKILLS

Instrument	N	Pretest Mean	Posttest Mean	Difference	T-Ratio
1. Bayley-Motor Scale	10	42.80	45.60	2.80	2.610**
2. Frostig					
a. Eye-Hand Coordination	6	6.33	7.66	1.33	1.227
b. Figure Ground	6	8.16	8.83	.67	.475
c. Form Constancy	6	8.16	10.66	2.50	1.097
d. Position in Space	6	4.66	6.00	1.33	1.305
e. Spatial Relations	6	3.50	3.50	.00	.000
3. AAMD-Motor Scale	14	15.14	15.85	.71	1.634

*significant at .01 level of confidence
**significant at .05 level of confidence

The information in Table 13 indicates that the SAM students made a significant gain in motor skills on only one out of the seven measures used. Some numerical gain was noted on all but one of the measures used but the amount of the gain was not significant. It was very difficult to locate appropriate measuring instruments for students with orthopedic handicaps.

In addition to test scores, motor skill achievement was measured by comparing the projected and actual number of IEP short term motor skill objectives mastered by SAM students according to teacher ratings. Table 14 presents data on this comparison.

Table 14: A COMPARISON OF THE NUMBER OF MOTOR INSTRUCTIONAL OBJECTIVES MASTERED WITH THOSE PROJECTED TO BE ACHIEVED IN THE SAM PROJECT

N	Mean Number Projected	Mean Number Mastered	Percent Mastered	Time in Program
14	21.43	17.00	79	8 months

The information in Table 14 shows that SAM students mastered 79 percent of the projected instructional motor skills objectives. This is slightly less than the criteria stated in the program objective. The results suggest that the motor skills development area is either an area difficult to improve and/or an area where appropriate measuring instruments are not available.

Objective 5: The project staff will produce a manual of forms that will be useful in due process procedures of PL 94-142 as rated by appropriate personnel in the TEA. It is expected that a mean rating of 3.0 on a 4.0 scale will be attained.

To determine the extent that Objective 5 was attained the manual of forms produced by the project staff was sent to representatives of the Texas Education Agency Special Education Division for review and rating in terms of usefulness in carrying out due process procedures. The ratings given by TEA personnel for each form are shown in Table 15.

Table 15: THE RATINGS OF TEA PERSONNEL ON THE USEFULNESS OF THE PROCESS PROCEDURES FORMS

Form	Rating			
	Very Useful	Useful	Some Use	No Use
1. Anecdotal Record	X			
2. Authorization for Capital Area Rehabilitation Center to Release Information/Records	X			
3. Behavior Data Sheet	X			
4. Certificate of Absence			X	
5. Client Medical Information Sheet and Emergency Medical Assistance Permission	X			
6. Confidentiality Safeguard Form	X			
7. Contact Log		X		
8. Consent for Individual Study and/or Testing	X			
9. Consent for the Request and/or Release of Records/Information	X			
10. Consultant Report	X			
11. Consultative Services Contract	X			
12. Daily Classroom Schedule	X			
13. Daily Data Sheet		X		
14. Daily Record of Attendance		X		
15. Daily Transportation Log	X			
16. Employee Time Report			X	
17. Equipment/Material Loan Form				X
18. Family Needs Assessment	X			
19. Field Trip Request/Release				X
20. General Medical Evaluation Request	X			

Table 15 (con.)

Form	Rating			
	Very Useful	Useful	Some Use	No Use
21. General Notice of Rights to Parent/Guardian/Client			X	
22. Independent School District Screening Report/Referral Form		X		
23. Individual Education Program: Total Services Plan	X			
24. Initial Contact/Referral Form			X	
25. Least Restrictive Alternative Checklist	X			
26. Medical Examination	X			
27. Medical Referral for Evaluation/Treatment By Capital Area Rehabilitation Center	X			
28. Multidisciplinary Staffing Report			X	
29. Notice of Re-Election for the School Year 19__			X	
30. Notice to Parent/Guardian of Educational Planning Conference	X			
31. Notification of Screening Follow-Up			X	
32. Notification to Parents/Guardians of Annual Program Review (ARD Committee Meeting)	X			
33. Non-Expendable Equipment Inventory		X		
34. Outreach Contact Report			X	
35. Observation and Consultation Schedule			X	
36. Parent/Guardian/Client Permission for Transportation	X			
37. Parent/Guardian Comment Whether Child Should be in Attendance at Educational Planning Conference	X			
38. Parent/Guardian Permission/Refusal for Placement	X			
39. Parent/Guardian Response and Appointment of Surrogate if Unable to Attend Educational Planning Conference		X		
40. Parent/Teacher Agreement	X			
41. Permission for Therapeutic Services/Swimming Pool Release			X	
42. Personnel Daily Schedule				X

Table 15 (con.)

Form	Rating Very Useful	Useful	Some Use	No Use
43. Physician's Request for Administration of Medication at School Building During School Hours	X			
44. Picture Release for Medical Records/Publicity Purposes		X		
45. Program Evaluation Form		X		
46. Project Visitor Information Form			X	
47. Quarterly IEP Progress Report	X			
48. Report of Admission, Review and Dismissal Committee		X		
49. Resume of Assessment Data	X			
50. Seizure Record	X			
51. Social and Developmental History Form	X			
52. Special Education Contact Log			X	
53. Staff Development Record	X			
54. Staff Employment Reference Letter			X	
55. Staff Observation Form		X		
56. Staff/Parent Training Evaluation		X		
57. Staff Performance Review			X	
58. Student Tracking Form				X
60. Toileting Schedule		X		
61. Sample Letters			X	

The data in Table 15 show that 29 forms were rated very useful, 12 forms were rated useful, 15 forms were rated of some use, and 4 were rated of no use. When 4 points were given for each very useful rating, 3 points for each useful rating, 2 points for each of some use rating, 1 point for each no use rating, the mean rating for all forms was 3.05. This mean rating exceeded the expected standard set in the program objective.

Objective 6: Parents of students in the SAM project will respond positively to the program activities as measured by a feedback quesionnaire. It is expected that 70 percent of responses will be positive.

To determine the achievement of Objective 6, a feedback questionnaire was administered to parents of students in the SAM project. The questionnaire asked parents to give their opinion of several aspects of the project by assigning a rating from 1-5 to each aspect with 5 being the most positive and 1 the least positive rating. Table 16 summarizes parents' responses.

Table 16: A SUMMARY OF THE PARENTS' RESPONSES ON A FEEDBACK QUESTIONNAIRE

Question	From:	Response										To:
		5		4		3		2		1		
		No.	%	No.	%	No.	%	No.	%	No.	%	
1. In general, how satisfied were you with your child's educational program?	Highly Satisfied	9	69	2	15	2	15					Dissatisfied
2. How satisfied were you with the therapeutic service your child received?		10	77	2	15	1	8					
3. How satisfied were you with the progress your child made?		7	54	1	8	5	38					
4. How satisfied were you with the family involvement activities which you attended? (training sessions, workshops, conferences, ARD meetings, etc.)		3	23	6	46	4	31					
Total		29	56	11	21	12	23					

In interpreting the data in Table 16, responses 4 and 5 were considered positive responses, while responses 1 and 2 were considered negative responsees. Response 3 was considered a neutral response. The information in the above table shows that 77 percent of the responses were positive. This percentage exceeded the expected standard established in the program objective.

B. Process Evaluation

This section contains summary information on the extent that each program activity was completed and on time. The evaluator received the documentation available to indicate the completion of the activity. A summary of this review is presented in the following chart.

Table 17: A SUMMARY OF THE EXTENT PROJECT ACTIVITIES WERE COMPLETED

Activity	Scheduled Date *	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
1.1.1: Retain professional and clerical staff needed to perform services proposed under this procurement.	9-1-79	9-1-79	Records of staff personnel	Same	
1.1.2: Lease classroom/office/therapy treatment space.	9-1-79	3-12-80	Record of lease agreement	Lease agreement	No lease agreement available until March 1980
1.1.3: Purchase equipment necessary to meet project needs.	6-30-80	Purchased as needed	Records of purchase orders	Purchase orders	
1.1.4: Purchase supplies and materials required for operation of the project.	6-30-80	Purchased as needed	Records of purchase orders	Purchase orders	
2.1.1: Accept and respond to referrals received by mail, telephone or by walk-in	6-30-80	Throughout year	Records of communications in project folders	Contact report	
2.1.2: Maintain contact with personnel of the direction services component, ESC Region XIII, appropriate local school districts, and with other agencies, organizations and individuals in accepting and responding to referral of handicapped children.	6-30-80	Throughout year	Records of communications in project folders	Special Education contact log	
2.1.3: Maintain a contact file on all ineligible referrals. (Center Social Service component will work with the parent/guardian/local	6-30-80	Throughout year	Records maintained in contact files	Contact records	

*The scheduled date indicates when activity or activities are to be fully completed. Most of the activities, however, are ongoing throughout the year.

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
2.1.3 (con.): education agency to find appropriate services within the community for ineligible children.)					
2.1.4: Prepare student eligibility folder for each eligible child	6-30-80	Throughout year	Eligibility folders on file	Eligibility folders	
2.2.1: Schedule parent/guardian/client visit to Center in order to complete forms required prior to comprehensive evaluation and/or diagnostic placement in the program.	6-30-80	Throughout year	Records maintained in in student folders	Student folders	
2.2.2: Provide parent/guardian/client with Medical Referral Form and General Medical Evaluation Form to be completed by physician prior to evaluation/placement in the program.	6-30-80	Throughout year	Records maintained in student folders	Student folder	
2.2.3: Schedule a home visit, if appropriate, to obtain further information on the child/family's needs and to provide information about the program.	6-30-80	Throughout year	Records maintained in student folders	Contact Report	
2.2.4: Administer the Denver Developmental Screening Test or other appropriate screening tests in English or Spanish as appropriate (Tests may be administered in	6-30-80	N/A	Records maintained in student folders	Test Report	Children already had DDST

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
2.2.4 (con.): either home or school setting.)					
2.2.5: Request records and information from other appropriate agencies/organizations and medical facilities.	6-30-80	Throughout year	Records maintained in student folders	Request record	
2.2.6: Visit child's prior school, if necessary, and complete Teacher Observation Form.	6-30-80	N/A	Records maintained in student folders	Teacher observation form	No new referrals this year
3.1.1: Schedule parent/guardian/child visit to the Center for comprehensive evaluation(s) in the following areas: -medical (parent may use family physician) -occupational therapy -physical therapy -speech therapy -vision screening -hearing screening	6-30-80	6-30-80	Records maintained in student folders	Evaluation report	
3.1.2: Meet and review data collected (single department staffing).	6-30-80	Throughout year	Forms maintained in student folders	Staffing record	
3.1.3: Notify parent/guardian and appropriate school/agency of Student Review Committee Meeting.	6-30-80	Throughout year	Records maintained in student folders	Notification form	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
3.1.4: Schedule Student Review Committee (multidisciplinary team) meeting to review data collected on each child.	6-30-80	Throughout year	Records maintained in project folders	Schedule Record	
3.1.5: Re-refer ineligible children/youth to their respective school districts or to other appropriate resources within the community	6-30-80	N/A	Records maintained in project folders	Re-referral notification	No children re-referred this year
3.1.6: File ineligible referrals in the inactive file or in the pending file as appropriate.	6-30-80	N/A	Folders maintained in project files	Re-referral notification	No children re-referred this year
3.2.1: Schedule extended diagnostic/evaluation period in order for the staff and/or consultants to complete comprehensive evaluations.	6-30-80	N/A	Records kept in student folders	Evaluation schedule	No new children this year
3.2.2: Child will attend the program daily on an individual basis not to exceed a period of 1-2 weeks (2 hours per day) or as required by the Project Director during diagnostic placement.	6-30-80	Throughout year	Records kept in student folders	Attendance record	
3.2.3: Obtain individual comprehensive assessment to include the following factors: -language -educational functioning (achievement); for young	6-30-80	Throughout year	Assessment results maintained in student folders	Test records	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
.2.3 (con.): or severely andicapped children, assess-ent of developmental skills Callier-Azusa Scale, DASI, tc.) emotional condition and behaviors (behavior check-list, AAMD, etc.) sociological variables (Parental Conference/Developmental History Form), sociological, etc. intellectual functioning: --basic developmental level (young or severely handi-handicapped), or a formal intelligence test --assessment of adaptive behavior (informal re-port(s) of teacher(s) and parent(s) or a formal instrument) ote: In compliance with the exas State Planning Design or the Education of Handi-apped Children, any signif-ificant difference between he measured level of intelligence and assessment of the tudent's adaptive behavior will be cause for further ssessment or consideration. omprehensive assessment of ome children referred may ave been completed by the ndependent school district rior to referral to the odel project.					

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
.2.4: Refer child/youth for xternal evaluations needed uch as neurological, audio- gical, ophthalmological xaminations, etc., during he extended diagnostic/ valuation period.	6-30-80	Throughout year	External evaluation results maintained in student folders	Referral record	
.2.5: Notify parent/guardian nd members of the multidis- iplinary team of the lanning Committee Meeting	6-30-80	Throughout year	Records maintained in student folders	Notification letter	
.2.6: Develop and review an ndividualized Educational lan based on evaluation ata and assessment of the nique needs of each child nd his/her family.	6-30-80	Throughout year	Individualized plans maintained in student folders	Updated IEP	
.1.1: Notify parent/guar- ian/appropriate school dis- rict or agency personnel f Admission, Review and ismissal Committee Meeting	6-30-80	Throughout year	Evidence kept in project folders	Letter	
.1.2: Meet and discuss hild's program with parent/ uardian and appropriate chool/agency personnel. hild's program will be refined/changed as needed.	6-30-80	Throughout year	Evidence kept in project folders	Contact record	
.1.3: Complete Admission, eview and Dismissal Com- ittee Form. Form will be igned by all members pre- ent including parent/guardian.	6-30-80	Throughout year	Completed Admission, Review and Dismissal forms in student folders	Completed form	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
4.1.4: Obtain necessary placement and release forms required by the Center. Forms must be signed by parent/guardian/client.	6-30-80	Throughout year	Evidence maintained in student folders	Completed form	
5.1.1: Complete an Individualized Educational Program for each child/youth enrolled emphasizing activities in appropriate developmental areas including: -sensory perceptual development -motor growth and development -language, communication and concept development -personal and social development -math and science development Education-treatment principles include: -behavior management -positive reinforcement intrusion -total sensory input (visual, auditory,tactile,kinesthetic) -basic developmental theories as put forth by Geselle, Piaget and other child development specialists.	6-30-80	Throughout year	Completed Individualized Education Program maintained in student folders	Compelted IEP	
5.1.2: Complete an Anecdotal Record for each class session	6-30-80	Daily	Records kept in student folders	Completed Anecdotal Record	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
.2.1: Review each child's rogress at least quarterly	6-30-80	Quarterly	Records maintained in student folders	Progress Report	
.2.2: Review and update ach child's Individual lucation Program at least nnually. Any changes or dditions will be documented n the Staffing Report Form nd an Individual Education rogram Update Form.	6-30-80	Through-out year	Records maintained in in student folders	Updated IEP and Staffing Report form	
.2.3: Administer appropriate ost assessment instruments nnually or at time of dis- issal.	6-30-80	At end of year	Records maintained in student folders	Test results	
.2.4: Review each placement nnually to determine need or services. Results will be oted on the Admission, eview and Dismissal Form.	6-30-80	At end of year	Results indicated on Admission, Review and Dismissal Form in each student folder	Admission and Review and Dismissal Form	
6.1.1: Contract with appro- riate consultants in the reas of speech therapy, udiology, psychology, rthopedics, etc., on the asis of need.	9-1-79	9-1-79	Record of contracts in project files	Contract Record	
6.1.2: Retain health care orker/family liaison (half- ime basis) to provide ealth care and diagnostic ervices to project children.	9-1-79	9-1-79	Record of contract with health care worker/family liaison	Contract Record	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
.1.3: Purchase medical quipment and supplies needed o implement program.	6-30-80	Throughout year	Record of purchases of equipment and supplies	Purchase orders	
.2.1: Provide the following ervices through utilization f appropriate support ersonnel: medical evaluation(s) vision screening and/or ophthalmological hearing screening and/or audiological -occupational therapy evaluation -physical therapy evaluation -speech and language evaluation -other specific evaluations as needed (psychological, psychiatric, orthopedic, etc.)	6-30-80	Throughout year	Records of individual assessments filed in project folders	Records of individual assessments	
6.2.2: Provide periodic reevaluation of target project children	6-30-80	Throughout year	Records filed in project folders	Evaluation records	
6.3.1: Complete a treatment plan to be incorporated into each child's Individualized Educational Plan	6-30-80	Throughout year	Treatment plans filed in individual student folders	Incorporated into IEP	
6.3.2: Related services staff will provide: -medical/health care -specific physical therapy activities under medical direction	6-30-80	Throughout year	Records filed in individual folders	Therapy schedule and report	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
6.3.2 (con.): -specific occupational therapy activities under the direction of a registered occupational therapist -speech therapy activities to remediate specific difficulties and to assist in developing appropriate communication skills -other services as needed					
6.3.3: Related services staff will review each child's progress at least quarterly	6-30-80	Quarterly	Records filed in individual folders	Incorporated into IEP	
6.3.4: Multidisciplinary team including related services staff will review and update each child's Individualized Educational Plan at least annually.	6-30-80	At end of year	Records filed in individual folders	Updated IEP	
6.3.5: Administer appropriate post assessment instruments annually or at time of dismissal.	6-30-80	At end of year	Pre-post assessment results filed in project folders	Test results	
6.3.6: Review each placement annually to determine continued need for related services. Results will be noted on the ARD form.	6-30-80	At end of year	Results of reviews shown in files of individual students	Completed ARD form	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
7.1.1: Prioritize areas of need identified by the Parent/Guardian Needs Assessment Form and work with the family to develop a Family-by-Family Inservice Plan based on defined needs and implemented on an individual or group basis.	6-30-80	Beginning of year	Evidence maintained in project folders	Parent Assessment Record	
7.1.2: Contract with specialists to meet the identified parent/guardian needs in areas where staff lacks expertise.	6-30-80	Throughout year	Records of contracts on file at project site	Consultant Contract	
7.2.1: Invite family members to observe in the classroom and to work cooperatively with the teacher to implement the child's Individualized Educational Program.	6-30-80	Throughout year	Evidence maintained at project site	Contact report and parent log book	
7.2.2: Invite family members to attend meetings concerning their child.	6-30-80	Throughout year	Evidence maintained at project site	Letters and memos	
7.2.3: Provide consultation in understanding the deficits, potential, and developmental processes of their child on an individual or group basis as most appropriate to the family members concerned.	6-30-80	Throughout year	Evidence maintained at project site	Contact report	
7.3.1: Collect parent training evaluation forms after each training session.	6-30-80	Throughout year	Records kept in project folders	Training forms	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
7.3.2: Document family progress by means of a pre-post needs assessment at the beginning and end of family training period(s).	6-30-80	Beginning and end of year	Needs assessment results located in project files	Completed documents	
8.1.1: Prioritize areas of need identified on the Staff Needs Assessment Form and develop an overall project staff development plan based on defined needs.	6-30-80	Throughout year	Staff development plan located in project files	Completed assessment form	
8.1.2: Locate appropriate consultants/workshops/conferences, etc., and implement staff training on an individual or group basis as appropriate	6-30-80	Throughout year	Evidence maintained in project files	Consultant contacts and completed evaluation forms	
8.1.3: Provide staff development such areas as assessment, curriculum development and implementation, teaching-learning theory, sensory integration and communication.	6-30-80	Throughout year	Records of staff training in project files	Completed evaluation forms	
8.1.4: Provide one day of awareness and orientation to project goals, objectives and activities and services provided by the Center	6-30-80	Throughout year	Evidence of staff attendance located in project files	Completed evaluation forms	
8.1.5: Collect staff development evaluation forms from staff members after each training session and maintain	6-30-80	Throughout year	Evaluation kept in project files	Completed evaluation forms	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
2.2.4 (con.): either home or school setting.)					
2.2.5: Request records and information from other appropriate agencies/organizations and medical facilities.	6-30-80	Throughout year	Records maintained in student folders	Request record	
2.2.6: Visit child's prior school, if necessary, and complete Teacher Observation Form.	6-30-80	N/A	Records maintained in student folders	Teacher observation form	No new referrals this year
3.1.1: Schedule parent/guardian/child visit to the Center for comprehensive evaluation(s) in the following areas: -medical (parent may use family physician) -occupational therapy -physical therapy -speech therapy -vision screening -hearing screening	6-30-80	6-30-80	Records maintained in student folders	Evaluation report	
3.1.2: Meet and review data collected (single department staffing).	6-30-80	Throughout year	Forms maintained in student folders	Staffing record	
3.1.3: Notify parent/guardian and appropriate school/agency of Student Review Committee Meeting.	6-30-80	Throughout year	Records maintained in student folders	Notification form	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
3.1.4: Schedule Student Review Committee (multidisciplinary team) meeting to review data collected on each child.	6-30-80	Throughout year	Records maintained in project folders	Schedule Record	
3.1.5: Re-refer ineligible children/youth to their respective school districts or to other appropriate resources within the community	6-30-80	N/A	Records maintained in project folders	Re-referral notification	No children re-referred this year
3.1.6: File ineligible referrals in the inactive file or in the pending file as appropriate.	6-30-80	N/A	Folders maintained in project files	Re-referral notification	No children re-referred this year
3.2.1: Schedule extended diagnostic/evaluation period in order for the staff and/or consultants to complete comprehensive evaluations.	6-30-80	N/A	Records kept in student folders	Evaluation schedule	No new children this year
3.2.2: Child will attend the program daily on an individual basis not to exceed a period of 1-2 weeks (2 hours per day) or as required by the Project Director during diagnostic placement.	6-30-80	Throughout year	Records kept in student folders	Attendance record	
3.2.3: Obtain individual comprehensive assessment to include the following factors: -language -educational functioning (achievement); for young	6-30-80	Throughout year	Assessment results maintained in student folders	Test records	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
3.2.3 (con.): or severely handicapped children, assessment of developmental skills (Callier-Azusa Scale, DASI, etc.) -emotional condition and behaviors (behavior checklist, AAMD, etc.) -sociological variables (Parental Conference/Developmental History Form), sociological, etc. -intellectual functioning: --basic developmental level (young or severely handihandicapped), or a formal intelligence test --assessment of adaptive behavior (informal report(s) of teacher(s) and parent(s) or a formal instrument) Note: In compliance with the Texas State Planning Design for the Education of Handicapped Children, any signifificant difference between the measured level of intelligence and assessment of the student's adaptive behavior will be cause for further assessment or consideration. Comprehensive assessment of some children referred may have been completed by the independent school district prior to referral to the model project.					

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
3.2.4: Refer child/youth for xternal evaluations needed uch as neurological, audio- logical, ophthalmological xaminations, etc., during he extended diagnostic/ valuation period.	6-30-80	Throughout year	External evaluation results maintained in student folders	Referral record	
3.2.5: Notify parent/guardian nd members of the multidis- iplinary team of the lanning Committee Meeting	6-30-80	Throughout year	Records maintained in student folders	Notification letter	
3.2.6: Develop and review an Individualized Educational Plan based on evaluation ata and assessment of the nique needs of each child nd his/her family.	6-30-80	Throughout year	Individualized plans maintained in student folders	Updated IEP	
.1.1: Notify parent/guar- ian/appropriate school dis- rict or agency personnel f Admission, Review and ismissal Committee Meeting	6-30-80	Throughout year	Evidence kept in project folders	Letter	
.1.2: Meet and discuss hild's program with parent/ uardian and appropriate chool/agency personnel. hild's program will be efined/changed as needed.	6-30-80	Throughout year	Evidence kept in project folders	Contact record	
.1.3: Complete Admission, eview and Dismissal Com- ittee Form. Form will be igned by all members pre- ent including parent/guardian.	6-30-80	Throughout year	Completed Admission, Review and Dismissal forms in student folders	Completed form	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
4.1.4: Obtain necessary placement and release forms required by the Center. Forms must be signed by parent/guardian/client.	6-30-80	Throughout year	Evidence maintained in student folders	Completed form	
5.1.1: Complete an Individualized Educational Program for each child/youth enrolled emphasizing activities in appropriate developmental areas including: -sensory perceptual development -motor growth and development -language, communication and concept development -personal and social development -math and science development Education-treatment principles include: -behavior management -positive reinforcement -intrusion -total sensory input (visual, auditory, tactile, kinesthetic) -basic developmental theories as put forth by Geselle, Piaget and other child development specialists.	6-30-80	Throughout year	Completed Individualized Education Program maintained in student folders	Compelted IEP	
5.1.2: Complete an Anecdotal Record for each class session	6-30-80	Daily	Records kept in student folders	Completed Anecdotal Record	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
.2.1: Review each child's rogress at least quarterly	6-30-80	Quarterly	Records maintained in student folders	Progress Report	
.2.2: Review and update ach child's Individual Education Program at least nnually. Any changes or dditions will be documented n the Staffing Report Form nd an Individual Education rogram Update Form.	6-30-80	Throughout year	Records maintained in in student folders	Updated IEP and Staffing Report form	
.2.3: Administer appropriate ost assessment instruments nnually or at time of dismissal.	6-30-80	At end of year	Records maintained in student folders	Test results	
.2.4: Review each placement nnually to determine need or services. Results will be oted on the Admission, eview and Dismissal Form.	6-30-80	At end of year	Results indicated on Admission, Review and Dismissal Form in each student folder	Admission and Review and Dismissal Form	
.1.1: Contract with appropriate consultants in the reas of speech therapy, udiology, psychology, rthopedics, etc., on the asis of need.	9-1-79	9-1-79	Record of contracts in project files	Contract Record	
.1.2: Retain health care orker/family liaison (half-ime basis) to provide ealth care and diagnostic ervices to project children.	9-1-79	9-1-79	Record of contract with health care worker/family liaison	Contract Record	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
.1.3: Purchase medical quipment and supplies needed o implement program.	6-30-80	Throughout year	Record of purchases of equipment and supplies	Purchase orders	✓
.2.1: Provide the following ervices through utilization f appropriate support ersonnel: -medical evaluation(s) -vision screening and/or ophthalmological -hearing screening and/or audiological -occupational therapy evaluation -physical therapy evaluation -speech and language evaluation -other specific evaluations as needed (psychological, psychiatric, orthopedic, etc.)	6-30-80	Throughout year	Records of individual assessments filed in project folders	Records of individual assessments	
6.2.2: Provide periodic re-evaluation of target project children	6-30-80	Throughout year	Records filed in project folders	Evaluation records	
6.3.1: Complete a treatment plan to be incorporated into each child's Individualized Educational Plan	6-30-80	Throughout year	Treatment plans filed in individual student folders	Incorporated into IEP	
6.3.2: Related services staff will provide: -medical/health care -specific physical therapy activities under medical direction	6-30-80	Throughout year	Records filed in individual folders	Therapy schedule and report	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
6.3.2 (con.): -specific occupational therapy activities under the direction of a registered occupational therapist -speech therapy activities to remediate specific difficulties and to assist in developing appropriate communication skills -other services as needed					
6.3.3: Related services staff will review each child's progress at least quarterly	6-30-80	Quarterly	Records filed in individual folders	Incorporated into IEP	
6.3.4: Multidisciplinary team including related services staff will review and update each child's Individualized Educational Plan at least annually.	6-30-80	At end of year	Records filed in individual folders	Updated IEP	
6.3.5: Administer appropriate post assessment instruments annually or at time of dismissal.	6-30-80	At end of year	Pre-post assessment results filed in project folders	Test results	
6.3.6: Review each placement annually to determine continued need for related services. Results will be noted on the ARD form.	6-30-80	At end of year	Results of reviews shown in files of individual students	Completed ARD form	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
.1: Prioritize areas of ed identified by the Parent/ rdian Needs Assessment rm and work with the family develop a Family-by-Family service Plan based on de- ned needs and implemented an individual or group sis.	6-30-80	Beginning of year	Evidence maintained in project folders	Parent Assessment Record	
1.2: Contract with special- ts to meet the identified rent/guardian needs in eas where staff lacks pertise.	6-30-80	Throughout year	Records of contracts on file at project site	Consultant Contract	
2.1: Invite family members observe in the classroom d to work cooperatively ith the teacher to imple- ent the child's Individ- alized Educational Program.	6-30-80	Throughout year	Evidence maintained at project site	Contact report and parent log book	
.2.2: Invite family members o attend meetings concerning heir child.	6-30-80	Throughout year	Evidence maintained at project site	Letters and memos	
.2.3: Provide consultation n understanding the deficits, otential, and developmental rocesses of their child on n individual or group basis s most appropriate to the amily members concerned.	6-30-80	Throughout year	Evidence maintained at project site	Contact report	
.3.1: Collect parent train- ing evaluation forms after each training session.	6-30-80	Throughout year	Records kept in project folders	Training forms	

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Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
7.3.2: Document family progress by means of a pre-post needs assessment at the beginning and end of family training period(s).	6-30-80	Beginning and end of year	Needs assessment results located in project files	Completed documents	
8.1.1: Prioritize areas of need identified on the Staff Needs Assessment Form and develop an overall project staff development plan based on defined needs.	6-30-80	Throughout year	Staff development plan located in project files	Completed assessment form	
8.1.2: Locate appropriate consultants/workshops/conferences, etc., and implement staff training on an individual or group basis as appropriate	6-30-80	Throughout year	Evidence maintained in project files	Consultant contacts and completed evaluation forms	
8.1.3: Provide staff development such areas as assessment, curriculum development and implementation, teaching-learning theory, sensory integration and communication.	6-30-80	Throughout year	Records of staff training in project files	Completed evaluation forms	
8.1.4: Provide one day of awareness and orientation to project goals, objectives and activities and services provided by the Center	6-30-80	Throughout year	Evidence of staff attendance located in project files	Completed evaluation forms	
.1.5: Collect staff development evaluation forms from taff members after each aining session and maintain	6-30-80	Throughout year	Evaluation kept in project files	Completed evaluation forms	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
3.1.5 (con.): in project file.					
3.1.6: Document staff progress by means of a pre-post needs ssessment at the beginning nd end of staff training eriod(s), etc.	6-30-80	At end of year	Needs assessment results located in project files	Needs assessment results	
9.1.1: Maintain contact with local, state, federal and ommunity agencies whereby nformation on children eeding services and receiving services will be exhanged.	6-30-80	Throughout year	Records of contacts made	Contact reports	
9.1.2: Provide selected public schools and agencies ithin Education Service enter Region XIII with infor-ation about services availble at the project site.	6-30-80	Throughout year	Records maintained in project files	Records of meetings	
.1.3: Attend conferences, orkshops and meetings sporored by state and district ecision makers.	6-30-80	Throughout year	Records maintained in project files	Records of meetings and travel reports	
.1.4: Attend appropriate exas State Board of Educaion meetings, Special Eduation Advisory Council meetings, legislative meetings nd BEH meetings in order to tay abreast of current vents, Federal and State egislation, funding sources, nd State and Federal plans	6-30-80	Throughout year	Materials maintained in project files	Copy of materials received	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
9.1.4 (con.): and guidelines for providing services.					
9.1.5: Assist parent/child by coordinating supplemental funding sources and seeking additional services and/or aids and applicances to meet child/family needs.	6-30-80	Throughout year	Record maintained in project files	Completed Social Service forms	
9.1.6: Provide technical and consultative assistance to local education agencies upon written request.	6-30-80	Throughout year	Records of assistance provided	Contact record	
10.1.1: Invite parents/guardians and appropriate school personnel to staff meetings, committee meetings, AARD meetings, etc.	6-30-80	Throughout year	Records maintained in project folders	Completed staffing reports and invitation letters	
10.1.2: Participate in appropriate local workshops and inservice training sessions.	6-30-80	Throughout year	Records of project staff participation	Copies of agenda and attendance record	
10.1.3: Implement a daily system of communication with parents/guardians (Home/School Notebook).	6-30-80	Throughout year	Records of communication maintained at project site	Home/school notebook	
10.1.4: Generate individual child progress reports and disseminate information to parents at least quarterly.	Quarterly	Quarterly	Record of progress located in project folders	Progress Report	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
0.1.5: Develop and disseminate Individualized Educational Programs for target project participants to personnel responsible for implementing and monitoring.	6-30-80	Throughout year	Records maintained in student folders	Copies of IEP	
10.1.6: Submit abstracts and request permission for active participation in at least two national, state, or local workshops and conferences such as the American Association for Severe and Profoundly Handicapped Children, Council for Exceptional Children, etc.	6-30-80	Throughout year	Records of participation in workshops and conferences	Permission letters	
10.1.7: Schedule tours of the project site by professional, para-professionals and the general public.	6-30-80	Throughout year	Records of tours conducted	Sign-in record	
10.1.8: Revise information packet (brochure, slide-tape, program handbook) as needed	6-30-80	N/A	Existence of the revised material	N/A	Deleted from project
10.1.9: Revise handbook of Identification, Assessment, and Placement Forms and Procedures to Assure Compliance with PL 94-142 and PL 93-112, Section 504.	6-30-80	Throughout year	Evidence of revision of handbook	Copy of handbook	
10.1.10: Solicit coverage of the project by local news media.	6-30-80	Throughout year	Records of local news coverage maintained in project files.	Copies of materials	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
10.1.11: Provide practicum and internship placement opportunities for college and university special education teachers on a limited basis.	6-30-80	Throughout year	Record of practicum and internship placements made	Attendance records	
10.1.12: Provide associate and internship placement opportunities for university and college physical, occupational therapy students on a limited basis.	6-30-80	Throughout year	Records of placements made	Attendance records	
10.1.13: Prepare and submit the number of copies of quarterly, annual and final reports containing statistical data required under this procurement.	6-30-80	Throughout year	Copies of all reports maintained in project files	Copies of report	
10.1.14: Implement a Teen Component (2 to 4 teens) to assist in the delivery of services to target children.	6-30-80	N/A	Records concerning the Teen Component maintained in project files	N/A	Deleted from project
10.1.15: Implement a volunteer component (2 to 4 community citizens) to assist in the delivery of services to target children.	6-30-80	Throughout year	Records concerning the Volunteer Component maintained in project files	Attendance record	
10.2.1: Submit proposal and documentation to BEH and the JDRP.	6-30-80	N/A	Records maintained at project site	N/A	Project ended

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
10.2.2: Continue project activities beyond the third year.	6-30-81	Throughout year	Evidence on file at project site	Project records	Activities will be continued with other funds
10.2.3: Disseminate Panel reviewed products and practices during continuation period beyond the third year.	6-30-81	N/A	Records maintained at project site	N/A	
11.1.1: Host on-site visits and information sessions	6-30-80	Throughout year	Records of visitors kept in project files	Visitor records	
11.1.2: Answer mail and telephone inquiries about the project.	6-30-80	Throughout year	Correspondence records kept in project files	Correspondence records	
11.1.3: Make presentations to professional groups administrators, school boards, etc.	6-30-80	Throughout year	Record of presentations kept in project files	Attendance records	
11.1.4: Provide training and internship placements for college and university special education students on a limited basis.	6-30-80	Throughout year	Record of placements kept in project files	Attendance records	
11.1.5: Provide associate and internship placements for college and university physical and occupational therapy students on a limited basis.	6-30-80	Throughout year	Record of placements kept in project files	Attendance records	

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
11.1.6: Beginning the third year, training may be conducted at the project site (out-of-state adopting site must partially subsidize trainer cost as well as covering own costs): -initial two-day training -two-day followup consultant services at adopter site -two-day followup visit and inservice at model project site	6-30-80	N/A	Record of training and trainer cost, if appropriate, kept in project files	N/A	Project ended
11.1.7: Beginning the third year, training may be conducted out-of-state (examplary project staff costs must be paid).	6-30-80	N/A	Record of training and exemplary project staff cost kept in project files	N/A	Project ended
11.1.8: During the third year, model project components will be packaged for dissemination at cost to other project sites.	6-30-80	At end of year	Record of components disseminated and cost kept in project files	Slide tape available and packet of forms	
11.1.9: Project staff may participate in State and Regional Awareness Workshops	6-30-80	Throughout year	Record of workshops attended kept in project files	Attendance records	
11.1.10: Provide periodic on-site visitation on request to adopting in-state school districts. Costs must be paid by adopting site.	6-30-81	N/A	Records kept in project files	N/A	Project ended

Table 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
11.1.11: Adopter districts must sign an adopter agreement which includes: -administrator and teacher(s) of severely handicapped, orthopedically impaired children will attend two-day training program -members of the adopter district special education team will be involved in an on-site visitation of the program -adopter district will provide evaluation data on pre and posttest results of children involved in the program	6-30-81	N/A	Record of agreement kept in project files	N/A	Project ended
12.1.1: Contract with an evaluator to provide a comprehensive design for program evaluation.	6-30-80	6-30-80	Record of contract with evaluator	Contract	
12.1.2: Implement, evaluate and revise the design as necessary	6-30-80	6-30-80	Reports explaining evaluation design maintained in project files	Revised design	
12.1.3: Collect data necessary for the model project record keeping, state and federal reports and other needs as they are identified	6-30-80	Throughout year	Records maintained in project files	Data collection records	
12.1.4: Prepare a monthly services report containing appropriate statistical data and expenditures for	Monthly	As needed	Reports kept in project files	Copies of reports	Permission has been given to project longer needs so

able 17 (con.)

Activity	Scheduled Date	Actual Date	Planned Evidence	Actual Evidence	Reasons for Discrepancies
2.1.4 (con.): accountability urposes and internal monitor ng of project activities.					report is not made on monthly basis.
12.1.5: Maintain copies of ll reports, referral forms, orrespondence, contact ogs on file at the project ite.	6-30-80	Throughout year	Reports kept in project files	Project records	
12.1.6: Evaluate all preservice, inservice, practicum and internship training rovided.	6-30-80	Throughout year	Records of evaluations maintained in project files	Evaluation reports	
12.1.7: Review staff perforance annually	6-30-80	At end of year	Reports of performance evaluation(s) in personnel viles	Performance report	
12.2.1: Submit documentation required to the JDRP for review	6-30-80	N/A	Records maintained in project file	N/A	Project ended and insufficient data for three years

VI. Summary of Findings, Conclusions, and Recommendations

A. Summary of Findings

The following table summarizes the evaluation results for each of the program objectives in the School Age Multihandicapped Program.

Table 18: SUMMARY OF THE EVALUATION RESULTS FOR EACH OF THE PROGRAM OBJECTIVES

Objective	Measuring Instrument	Expected Performance Level	Target Population	Results	Objective Achieved	
					Yes	No
1	(a) Woodcock Reading;	Mean posttest scores or ratings significantly higher than mean pretest	Students in SAM Project	Gain not significant		X
	Key Math			Gain not significant		X
	Circus			Gain significant in 5 of 6 subtests	X	
	AAMD - academic scale			Gain significant	X	
	(b) Short term objectives	80% of projected number of objectives achieved	Students in SAM Project	82 percent mastered	X	
2	Peabody PVT	Mean posttest scores will be significantly higher than pretest	Students in SAM Project	Gain significant	X	
	Detroit Language Test			Gain significant in 2 of 6 subtests		X
	Bayley Language Test			Gain significant	X	
	AAMD			Gain significant	X	
	Short term objective	80% of projected number of objectives achieved	Students in SAM Project	89% mastered	X	
3	AAMD	Mean posttest rating significantly higher than mean pretest	Students in SAM Project	Gain significant in 4 of 16 areas		X
	Short term objectives	80% of projected number of objectives achieved	Students in SAM Project	85% mastered	X	

Table 18 (con.)

Objective	Measuring Instrument	Expected Performance Level	Target Population	Results	Objective Achieved	
					Yes	No
4	Bayley Motor Test	Mean posttest scores significantly higher than mean pretest	Students in SAM Project	Gain significant	X	
	Frostig Test			Gain not significant		X
	Short term objectives	80% of projected number of objectives achieved	Students in SAM Project	79% mastered		X
5	Rating Scale	Mean rating of 3.0 or 4.0 scale	TEA personnel	Mean rating of 3.05	X	
6	Feedback Questionnaire	70% of responses positive	Parents of SAM students	77% of responses were positive	X	

B. Conclusions

The evaluation findings suggest the following conclusions:

1. The project staff made a valid effort to objectively assess the effectiveness of the program as indicated by the variety of assessment measures used.

2. The project activities were successful in improving the developmental skills of the participants on at least one or more of the measures used to assess the gains made in each developmental skill area (academic, language, personal-social, motor).

3. The program seemed to be most successful in improving the language skills of the participants and least successful in improving the personal and social and motor skills of the students.

4. There seemed to be a positive correlation between the results obtained from objective measures and the IEP instructional objectives mastered, except in the motor skills area.

5. The project activities were well planned and completed on schedule as indicated by the documentation record.

6. The project staff demonstrated ability to produce forms that would be useful in similar projects and that followed due process procedures required by PL 94-142.

7. The attitude of parents towards the program was very positive as they expressed satisfaction with services provided their children and themselves.

C. Recommendations

From project monitoring and from the conclusions, the following recommendations are suggested:

1. The project staff should be highly commended in collecting a wide variety of evaluation data in the attempt to assess the effectiveness of a program concerned with multihandicapped children.

2. There is promising evidence that the program has the potential to improve the developmental skills of multihandicapped students. It is recommended that the program be continued and the evaluation plan be refined to include those assessment instruments that seemed most appropriate based on this year's experience.

3. It is recommended that the staff review the program activities designed to improve the personal/social and motor skills of students to see if improvement can be made in the activities or if other activities might be more suitable.

4. It is recommended that the project staff develop a manual which describes the program activities and outlines the management procedures used in the operation of the program. This manual should be used in disseminating information about the program.

5. The project staff should continue to involve parents in the program and solicit their suggestions on ways to improve the program.

6. If positive results are again obtained during the 1980-81 year, it is recommended that steps be initiated to actively disseminate information about the program throughout the state and to other states.

APPENDIX

Evaluation Design Summary Chart

EVALUATION DESIGN SUMMARY CHART

	MEASUREMENT INSTRUMENTS			DATA COLLECTION PROCEDURES		
ERFORMANCE OBJECTIVE	Name/Type of Instrument	Date Instrument to be Completed	Baseline Data	Target Group	Scheduled Date(s)	Person Responsible
1. Students participating in the project with academic deficiencies will improve their academic skills as measured by standardized tests, by ratings on the AAMD Adaptive Behavior Scale, and by the number of instructional objectives mastered. It is expected that (1) the mean posttest scores or ratings on standardized instruments will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved.	A. Standardized tests, such as Woodcock Reading Test, Key Math Test, Circus Test, and Boehm Tests of Basic Concepts	Already Available	Information on academic skills will be collected	Students in the SAM Project	Pretest Spring 1979 Posttest Spring 1980	Project Director or designee
	B. AAMD Adaptive Behavior Scale	Already Available				
	C. Short term objectives on IEP	Developed Quarterly				

EVALUATION DESIGN SUMMARY CHART

	MEASUREMENT INSTRUMENTS			DATA COLLECTION PROCEDURES		
PERFORMANCE OBJECTIVE	Name/Type of Instrument	Date Instrument to be Completed	Baseline Data	Target Group	Scheduled Date(s)	Person Responsi
2. Students participating in the project with language deficiencies will improve their language skills as measured by standardized test, by ratings on the AAMD Adaptive Behavior Scale, and by the number of instructional objectives mastered. It is expected that (1) the mean posttest scores on standardized instruments will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved.	A. Standardized tests, such as Peabody Picture Vocabulary Test, Detroit Test of Language Aptitude, and Bayley Language Test	Already Available	Information on Language Skills will be collected	Students in the SAM Project	Pretest Spring 1979 Posttest Spring 1980	Project Director or designe
	B. AAMD Adaptive Behavior Scale	Already Available				
	C. Short term objectives on IEP	Developed Quarterly				

EVALUATION DESIGN SUMMARY CHART

	MEASUREMENT INSTRUMENTS			DATA COLLECTION PROCEDURES		
PERFORMANCE OBJECTIVE	Name/Type of Instrument	Date Instrument to be Completed	Baseline Data	Target Group	Scheduled Date(s)	Person Responsib
3. Students participating in the project with personal and social deficiencies will improve their personal and social skills as measured by the AAMD Adaptive Behavior Scale and by the number of instructional objectives mastered. It is expected that (1) the mean posttest rating on the AAMD Adaptive Behavior Scale will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved.	A. AAMD Adaptive Behavior Scale	Already Available	Information on personal and social skills will be collected	Students in the SAM Project	Pretest Spring 1979 Posttest Spring 1980	Project Director or designe
	B. Short term objectives on IEP	Developed Quarterly				

EVALUATION DESIGN SUMMARY CHART

PERFORMANCE OBJECTIVE	MEASUREMENT INSTRUMENTS			DATA COLLECTION PROCEDURES		
	Name/Type of Instrument	Date Instrument to be Completed	Baseline Data	Target Group	Scheduled Date(s)	Person Responsible
4. Students participating in the project with motor deficiencies will improve their motor skills as measured by standardized tests by ratings on the AAMD Adaptive Behavior Scale, and by the number of instructional objectives mastered. It is expected that (1) the mean posttest scores on standardized instruments will be significantly higher than the mean pretest scores, and (2) the mean number of skills mastered during the year will be at least 80 percent of the number of projected objectives to be achieved.	A. Standardized tests, such as Bayley Motor Test and Frostig Test.	Already Available	Information on motor skills will be collected	Students in the SAM Project	Pretest Spring 1979 Posttest Spring 1980	Project Director or designee
	B. AAMD Adaptive Behavior Scale	Already Available				
	C. Short term objectives on IEP	Developed Quarterly				

EVALUATION DESIGN SUMMARY CHART

	MEASUREMENT INSTRUMENTS			DATA COLLECTION PROCEDURES		
PERFORMANCE OBJECTIVE	Name/Type of Instrument	Date Instrument to be Completed	Baseline Data	Target Group	Scheduled Date(s)	Person Responsible
5. The Project Staff will produce a manual of forms that will be useful in due process procedures of PL 94-142 as rated by appropriate personnel in the TEA. It is expected that a mean rating of 3.0 on a 4.0 scale will be attained.	Rating Scale	Already Available	Ratings on forms used in due process	TEA personnel	June 1980	Project Director or designee
6. Parents of students in the SAM project will respond positively to the program activities as measured by a Feedback Questionnaire. It is expected that 70 percent of responses will be positive.	Feedback Questionnaire	3-15-80	Positive and negative responses towards program	Parents of students in the program	June 1980	Project Director or designee

PROGRAM COSTS

PROGRAM COST

The cost per pupil, including administrative and overhead costs, averages approximately $10,758.31. Cost figures appearing in the heading of this report reflect administrative and overhead costs in addition to the cost of classroom components and an intensive home liaison program as well as extensive inservice training for parents and staff. Table 1 presents an overview of cost by program year.

Program Costs

The funds for operating the project came from federal and local funds.

The project budget for each program year is shown in the schematic below.

TABLE I

PROGRAM COSTS

FISCAL YEAR	1977	1978	1979	PROGRAM YEAR
PROGRAM YEAR	1977-1978	1978-1979	1979-1980	
APPROPRIATION	$123,590.00	$160,361.00	$210,211.00	Cost per Student
EXPENDITURES	$121,751.44	$144,204.16	$197,856.53	
Teachers	2	2	2	1977-1978
Aides	2	3	5	
Health Care Worker/Family Liaison		1	1	$ 8,696.53
Personnel	$53,281.79	$79,083.20	$107,474.38	
Benefits	3,978.85	5,792.33	7,664.66	1978-1979
Purchased Services	47,765.65	52,823.07	33,449.89	
Supplies & Materials	13,368.76	6,505.56	3,283.60	$ 8,482.60
Capital Outlay	3,356.39	-0-	-0-	
Indirect Cost Rate	-0-	-0-	45,984.00	
				1979-1980
				$13,190.44
				* Fiscal figures above based on actual expenditures per year

**Program year Cost per Student based on funded amount: (1977-1978) - $8,827.86; (1978-1979) - $9,433.00; (1979-1980)- $14,014.07.